

ROUTING SLIP FOR INVOICES

DATE November 16, 2017 CONTRACTOR Family Values

CFMS 2000234086

MONTH OF SERVICE October 2017

TO Family Values

INITIAL REVIEW CKT remelan

DATE 11-27-17

FSPS2 REVIEW _____

DATE _____

Program Manager 1/2 DT

DATE 11/29/17

POSTED TO SPREADSHEET _____

SENT TO FISCAL 11-29-17 EQUIPMENT TO BE TAGGED? _____

ADVANCE RECOUPMENT? _____

COMMENTS:
11/27/17 - Disallowed \$1200.00 for Crossroads Pregnancy Resource Center; not included in approved Exhibit B Budget will process when amendment is approved.



Economic Stability
Division of Programs
627 North 4th Street
Baton Rouge, LA 70802


(O) 225.342.4051
(F) 225.342.2536
www.dcfs.la.gov

John Bel Edwards, Governor
Marketa Garner Walters, Secretary

November 27, 2017

MEMORANDUM

TO: OM&F Fiscal
Contract Payments

FROM: Dora Thomas 
Program Manager

RE: Invoice for payment
PO #2000234086
Family Values Resources

Please find attached an invoice for payment.

If you have any questions, contact Charlene Trusclair (225) 342-5004.

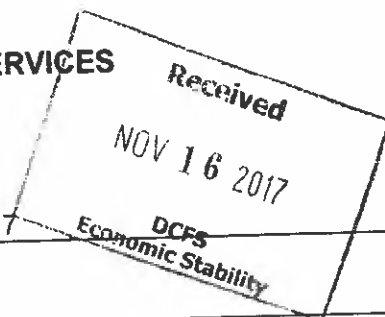
DT/ct

Attachment





DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Cost Reimbursement Invoice Form



Family Values Resource Institute, Inc.
Contractor Name
7515 Scenic Highway
Mailing Address
Baton Rouge, LA 70807
City, State, Zip
- Barbara Thomas / 225-359-9001
Contact Person/Telephone Number

OCTOBER 2017
Service Period
2000234086
Contract/CFMS#
OCTOBER 2017 234086-1017
Invoice Number

EXPENDITURES

EXPENDITURE CATEGORY (A)	APPROVED BUDGET (B)	CURRENT PERIOD EXPENDITURES (C)	PRIOR PERIOD EXPENDITURES (D)	CUMULATIVE EXPENDITURES (E)	REMAINING CONTRACT BALANCE (F)	COST SHARING (G)
PERSONNEL	\$172,500.00	\$14,374.99	\$43,124.95	\$57,499.94	\$115,000.06	
FRINGE BENEFITS	\$22,235.25	\$1,099.68	\$3,829.45	\$4,929.13	\$17,306.12	
TRAVEL	\$1,000.00	\$0.00	\$0.00	\$ 0.00	\$1,000.00	
OPERATING SERVICES	\$52,564.75	\$3,135.89	\$10,672.30	\$13,808.19	\$38,756.56	
SUPPLIES	\$0.00	\$0.00	\$0.00	\$ 0.00	\$ 0.00	
PROFESSIONAL SERVICES	\$63,900.00	\$2,609.72	\$13,612.59	\$16,222.31	\$47,677.69	
OTHER CHARGES	\$216,000.00	\$14,400.00 13,200.00	\$40,800.00	\$55,200.00	\$160,800.00	
EQUIPMENT/ACQUISITIONS	\$1,000.00	\$0.00	\$0.00	\$ 0.00	\$1,000.00	
INDIRECT COST	\$0.00	\$0.00	\$0.00	\$ 0.00	\$ 0.00	\$0.00
TOTALS	\$529,200.00	\$36,620.28 34,420.28	\$112,039.29	\$147,659.57	\$381,540.43	\$ 0.00

Contractor Certification

I certify that the expenditures detailed above are correct, that payment for these services has not been previously issued, and that the services were rendered in accordance with the terms and conditions of the contract.

Barbara Thomas
Signature of Authorized Contractor Representative and Title

11/15/17
Date

FOR DCFS USE ONLY

0 • C	Obj	Rep Cat	Sub Obj	ACTV
	3740	5071		
	Obj	Rep Cat	Sub Obj	ACTV
	Obj	Rep Cat	Sub Obj	ACTV

14,374.99 + the expenditures have been reviewed in accordance with contract and program guidelines
1,099.68 + les have been received.
3,135.89 + Barbara Thomas Program Mgr 11/29/17
2,609.72 + and Title of Authorized DCFS Official Date
13,200.00 +

005

34,420.28G+

Early Values Measured Incubate, Inc.												
Personnel	Budgeted	Expenditure	Remaining	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Project Director, Barbara Thomas 80%	45,000.00	15,000.00	30,000.00	3,750.00	3,750.00	0.00	3,750.00	0.00	0.00	0.00	0.00	0.00
Project Administrator, Michael Ferris 80%	20,000.00	9,333.36	10,666.64	2,333.34	2,333.34	0.00	2,333.34	0.00	0.00	0.00	0.00	0.00
Education Specialist, Allison Davis 100%	25,000.00	8,333.30	16,666.70	2,083.32	2,083.32	0.00	2,083.32	0.00	0.00	0.00	0.00	0.00
Compliance Officer, Neil Thomas/ Tiaela Davis 70%	24,500.00	8,166.65	16,333.35	2,041.66	2,041.67	0.00	2,041.66	0.00	0.00	0.00	0.00	0.00
Data Entry Specialist, Paula Brown 100%	25,000.00	8,333.31	16,666.69	2,083.33	2,083.33	0.00	2,083.33	0.00	0.00	0.00	0.00	0.00
Client Services Coordinator, Shirley Walker 100%	25,000.00	8,333.31	16,666.69	2,083.33	2,083.33	0.00	2,083.33	0.00	0.00	0.00	0.00	0.00
Total Salary	175,500.00	57,498.48	118,001.52	14,374.66	14,374.66	0.00	14,374.66	0.00	0.00	0.00	0.00	0.00
Fringe Benefits												
Project Director, Barbara Thomas 90%	5,000.50	1,235.71	4,564.79	375.07	386.68	0.00	386.68	0.00	0.00	0.00	0.00	0.00
Project Administrator, Michael Ferris 80%	3,699.20	892.40	3,206.80	266.50	178.50	0.00	178.50	0.00	0.00	0.00	0.00	0.00
Education Specialist, 100%	3,222.50	722.70	2,499.80	247.77	159.37	0.00	159.37	0.00	0.00	0.00	0.00	0.00
Compliance Officer, Charles Thomas/ Tiaela Davis 70%	3,158.06	716.33	2,441.72	244.58	154.19	0.00	154.19	0.00	0.00	0.00	0.00	0.00
Data Entry Specialist, Paula Brown 100%	3,222.50	725.88	2,496.62	247.77	159.37	0.00	159.37	0.00	0.00	0.00	0.00	0.00
Client Services Coordinator, Shirley Walker 100%	3,222.50	725.88	2,496.62	247.77	159.37	0.00	159.37	0.00	0.00	0.00	0.00	0.00
Total Fringes	22,945.46	4,878.46	17,067.00	1,478.68	1,078.46	0.00	1,078.46	0.00	0.00	0.00	0.00	0.00
Travel Expenses												
Conferences Travel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Routine Travel	600.00	0.00	600.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other	400.00	0.00	400.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Travel	2,000.00	0.00	2,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Operating Services												
Building Rent	14,000.00	4,800.00	9,600.00	1,200.00	1,200.00	0.00	1,200.00	0.00	0.00	0.00	0.00	0.00
Utilities	1,500.00	984.34	515.66	256.93	244.45	0.00	220.69	0.00	0.00	0.00	0.00	0.00
Telephone	3,000.00	1,000.00	2,000.00	250.00	250.00	0.00	250.00	0.00	0.00	0.00	0.00	0.00
Maintenance	10,244.00	3,186.75	7,057.25	757.00	757.00	0.00	757.00	0.00	0.00	0.00	0.00	0.00
Advertising (bench signs & other advertising outlets)	3,000.00	0.00	3,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Printing	1,200.00	877.32	822.68	244.10	133.22	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Copier Lease	2,342.80	787.60	1,575.20	196.90	196.90	0.00	196.90	0.00	0.00	0.00	0.00	0.00
Postage	943.95	284.18	679.79	26.50	24.65	0.00	12.75	0.00	0.00	0.00	0.00	0.00
Office Supplies	3,000.00	0.00	3,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Service Provider Training	250.00	0.00	250.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Internet	900.00	360.00	660.00	75.00	75.00	0.00	75.00	0.00	0.00	0.00	0.00	0.00
Electronic Payroll Transaction Fees	1,200.00	923.74	1,286.26	275.00	211.84	0.00	212.50	0.00	0.00	0.00	0.00	0.00
Online Client Database	4,100.00	662.28	7,600.00	250.00	230.07	0.00	222.81	0.00	0.00	0.00	0.00	0.00
Total Operating	52,844.25	13,698.18	36,736.06	5,284.66	5,197.46	0.00	5,197.46	0.00	0.00	0.00	0.00	0.00
Professional												
Evaluator	10,000.00	3,500.00	7,000.00	1,750.00	900.00	0.00	900.00	0.00	0.00	0.00	0.00	0.00
Public Relations	9,600.00	1,600.00	8,000.00	0.00	800.00	0.00	800.00	0.00	0.00	0.00	0.00	0.00
Auditor	11,500.00	0.00	11,500.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Bank	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Accounting/Bookkeeping Services	30,000.00	11,122.31	20,877.69	3,293.15	2,609.72	0.00	2,609.72	0.00	0.00	0.00	0.00	0.00
Total Professional	61,100.00	15,222.31	47,877.69	4,993.15	4,309.72	0.00	4,309.72	0.00	0.00	0.00	0.00	0.00
Equipment (if leased)	1,000.00	0.00	1,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Charges												
Subcontractors	216,000.00	52,800.00	163,200.00	13,200.00	14,200.00	0.00	13,200.00	0.00	0.00	0.00	0.00	0.00
Total Other Charges	216,000.00	52,800.00	163,200.00	13,200.00	14,200.00	0.00	13,200.00	0.00	0.00	0.00	0.00	0.00
Total	524,300.00	145,296.13	382,483.87	27,726.46	21,677.46	0.00	21,677.46	0.00	0.00	0.00	0.00	0.00

July Fringes original amount submitted

286.67
178.50

159.37	
156.18	
159.37	
159.37	
1,099.46	

DEPARTMENT OF Children and Family Services
OFFICE OF FAMILY SUPPORT MONTHLY BILLING FORM
Alternatives to Abortion

CONTRACTOR: Family Values Resource
Institute, Inc.
ADDRESS: 7515 Scenic Hwy.

CFMS: 2000234086

Rep. Cat. 5071
Org. 4274

Baton Rouge, La. 70807

MONTH AND YEAR OF
SERVICE:

OCTOBER
2017

CONTACT PERSON: Barbara Thomas

PHONE: 225-359-9001

COST REIMBURSEMENT: Personnel Services				0 • C
Staff:	Project Director		\$ 3,750.00	
	Project Adm.		\$ 2,333.33	
	Educ. Specialist		\$ 2,083.33	
	Compliance Coordinator		\$ 2,041.67	
	Data Entry Specialist		\$ 2,083.33	14,374.99 +
	Client Svcs. Coord./Care Provider		\$ 2,083.33	1,099.68 +
	Fringes		\$ 1,099.00	002
				15,474.67G+
	0 • C TOTAL		\$ 15,474	
OTHER EXPENSES				
	Rent		\$ 1,200.00	/
	Utilities		\$ 212.33	/
	Printing	1,200.00 +	\$ 0.00	
	Copier	212.33 +	\$ 196.90	/
	Travel	196.90 +	\$ 0.00	
	Postage	220.26 +	\$ 220.26	/
	Office Supplies	250.00 +	\$ 0.00	
	Service Provider Fee	75.00 +	\$ 0.00	
	Telephone	757.00 +	\$ 250.00	/
	Internet	224.40 +	\$ 75.00	/
	Online 008		\$ 0.00	
	Accounting/Bookkeeping	3,135.89G+	\$ 2,609.72	/
	Subscriptions		\$ 14,400.00	13,200.00
	Public Relations Consultant		\$ 0.00	
	Evaluator		\$ 0.00	
	Auditor		\$ 0.00	
	Insurance		\$ 0.00	
	Maintenance		\$ 757.00	/
	Electronic Payroll Transaction Fees		\$ 224.40	/
	SUBTOTAL		\$ 20,145.61	18,945.61

TOTAL AMOUNT

3,135.89 +
2,609.72 +
13,200.00 +
003

\$35,620.28

34,420.28

18,945.61G+

18,945.61 +

15,474.67 +

34,420.28G+

I certify the above in 002 is correct and conforms with the contract provisions.

Signature of Contract Representative

Date

11/15/17

This completed form and supporting documentation is due to the following address by the 15th of the month following services:

Dept. of Children and Family Services
P.O. Box 94065
Baton Rouge, LA 70804-9065
ATTN: Candice Kinney 5th Floor – 5-300-24

FOR DSS USE ONLY	
INVOICE #	
Reviewed and Approved:	
DCFS Contract Services Representative Signature	Date

<i>Salaries</i>		0 • C
		0 • C
006	3,750.00 +	
	2,333.34 +	
	2,041.66 +	
	2,083.33 +	
	2,083.33 +	
	2,083.33 +	
	14,374.99G+	
		006
		1,099.68G+
		<i>Fringes</i>
	286.88 +	
	178.50 +	
	156.19 +	
	159.37 +	
	159.37 +	
	159.37 +	

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 77403
BATON ROUGE LA 70874

0060-T846
ORG1:100 Staff Bi-weekly
EE ID: 11 DD

Project Director
90%

BARBARA J THOMAS
7081 MODESTO AVE
BATON ROUGE LA 70811

Stub 1

PERSONAL AND CHECK INFORMATION			EARNINGS					YTD (\$)	
Barbara J Thomas 7081 Modesto Ave Baton Rouge, LA 70811 Soc Sec #: xxx-xx-xxxx Employee ID: 11			DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS		
Home Department: 100 Staff Bi-weekly			Fvri			208.34		3926.73	
Pay Period: 10/01/17 to 10/15/17 Check Date: 10/13/17 Check #: 6734			LAL Hours			1875.00		35339.93	
NET PAY ALLOCATIONS			Tpp						
DESCRIPTION THIS PERIOD (\$) YTD (\$)			Total Hours						
Check Amount 0.00 0.00			Gross Earnings			2083.34		39266.66	
Chkg 0016 1616.70 30853.89			Total Hrs Worked						
NET PAY 1616.70 30853.89			WITHHOLDINGS						
			DESCRIPTION	FILING STATUS		THIS PERIOD (\$)		YTD (\$)	
			Social Security			129.16		2434.53	
			Medicare			30.21		569.37	
			Fed Income Tax M 1			194.27		3774.87	
			LA Income Tax S 0 1			65.00		1298.00	
			TOTAL			418.64		8076.77	
			DEDUCTIONS						
			DESCRIPTION			THIS PERIOD (\$)		YTD (\$)	
			STD Post-Tax			48.00		336.00	
			TOTAL			48.00		336.00	
NET PAY							THIS PERIOD (\$) 1616.70	YTD (\$) 30853.89	

Salary
Stub 1 2083.34
Stub 2 2083.34
4166.68
x 90%
\$3750.00
Charge to grant

Fringe :
3750.00
x 7.65%
\$286.88
Charge to grant

2,083.34 +
2,083.34 +
4,166.68 x
90 %
3,750.01 x
3,750.01 x
7.65 %
286.88 x

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTEINC
PO BOX 77403
BATON ROUGE LA 70874

0060-T846
ORG1:100 Staff Bi-weekly
EE ID: 11

DD

Project Director

90%

BARBARA J THOMAS
7081 MODESTO AVE
BATON ROUGE LA 70811

Stub 2

PERSONAL AND CHECK INFORMATION

Barbara J Thomas
7081 Modesto Ave
Baton Rouge, LA 70811
Soc Sec #: xxx-xx-xxxx Employee ID: 11

Home Department: 100 Staff Bi-weekly

Pay Period: 10/16/17 to 10/31/17
Check Date: 10/30/17 Check #: 6741

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 0016	1616.69	32470.58
NET PAY	1616.69	32470.58

EARNINGS	DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
	Fvri			208.34		4135.07
	LAL Hours			1875.00		37214.93
	Tpp					
	Total Hours					
	Gross Earnings			2083.34		41350.00
	Total Hrs Worked					
WITHHOLDINGS	DESCRIPTION	FILING STATUS		THIS PERIOD (\$)		YTD (\$)
	Social Security			129.17		2563.70
	Medicare			30.21		599.58
	Fed Income Tax	M 1		194.27		3969.14
	LA Income Tax	S 0 1		65.00		1363.00
	TOTAL			418.65		8495.42
DEDUCTIONS	DESCRIPTION			THIS PERIOD (\$)		YTD (\$)
	STD Post-Tax			48.00		384.00
	TOTAL			48.00		384.00

See stub 1 for calculations

NET PAY	THIS PERIOD (\$)	YTD (\$)
	1616.69	32470.58

Payrolls by Paychex, Inc

Project Administrator
8090

MICHAEL A FERRIS
17714 NINE OAKS AVE
BATON ROUGE LA 70817

Stub 1

PERSONAL AND CHECK INFORMATION			EARNINGS				DESCRIPTION		HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
Michael A Ferris 17714 Nine Oaks Ave Baton Rouge, LA 70817 Soc Sec #: xxx-xx-xxxx Employee ID: 5 Home Department: 100 Staff Bi-weekly Pay Period: 10/01/17 to 10/15/17 Check Date: 10/13/17 Check #: 6732							Fvri				291.67	56.00	7159.96
							LAL Hours				1166.67		21471.78
							Total Hours					56.00	
							Gross Earnings				1458.34		28631.74
							Total Hrs Worked						
NET PAY ALLOCATIONS			WITHHOLDINGS				DESCRIPTION		FILING STATUS		THIS PERIOD (\$)		YTD (\$)
DESCRIPTION THIS PERIOD (\$)							Social Security				90.42		1775.17
Check Amount 0.00							Medicare				21.15		415.16
Chkg 1002 1174.94							Fed Income Tax		M 0		125.83		2714.28
NET PAY 1174.94							LA Income Tax		S 0 0		46.00		916.00
							TOTAL				283.40		5820.61
			DEDUCTIONS				DESCRIPTION				THIS PERIOD (\$)		YTD (\$)
							Advance						1571.33
							TOTAL						1571.33

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 77403
BATON ROUGE LA 70874

0060-T846
ORG1:100 Staff Bi-weekly
EE ID: 5 DD

MICHAEL A FERRIS
17714 NINE OAKS AVE
BATON ROUGE LA 70817

Project Administrator

80%

Stub 2

PERSONAL AND CHECK INFORMATION

Michael A Ferris
17714 Nine Oaks Ave
Baton Rouge, LA 70817
Soc Sec #: xxx-xx-xxxx Employee ID: 5

Home Department: 100 Staff Bi-weekly

Pay Period: 10/16/17 to 10/31/17
Check Date: 10/30/17 Check #: 6739

NET PAY ALLOCATIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	-1571.33
Chkg 1002	1174.95	23986.08
NET PAY	1174.95	22414.75

EARNINGS

DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
Fvri			291.67	56.00	7451.63
LAL Hours			1166.67		22638.45
Total Hours				56.00	
Gross Earnings			1458.34		30090.08
Total Hrs Worked					

WITHHOLDINGS

DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)
Social Security		90.41	1865.58
Medicare		21.15	436.31
Fed Income Tax	M 0	125.83	2840.11
LA Income Tax	S 0 0	46.00	962.00
TOTAL		283.39	6104.00

DEDUCTIONS

DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Advance		1571.33
TOTAL		1571.33

See stub 1
for calculations

NET PAY

THIS PERIOD (\$)
1174.95

YTD (\$)
22414.75

Payrolls by Paychex, Inc

0060 0060-T846 Family Values Resource Institute Inc • Institute Inc • Po Box 77403 • Baton Rouge LA 70874

Compliance Coordinator

70%

TALISHA DAVIS
3829 NORTH YOSEMITE DRIVE
BATON ROUGE LA 70814

Stub 1

PERSONAL AND CHECK INFORMATION			EARNINGS		WITHHOLDINGS		DEDUCTIONS	
Talisha Davis 3829 North Yosemite Drive Baton Rouge, LA 70814 Soc Sec #: xxx-xx-xxxx Employee ID: 4 Home Department: 100 Staff Bi-weekly Pay Period: 10/01/17 to 10/15/17 Check Date: 10/13/17 Check #: 6731			DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
NET PAY ALLOCATIONS			Fvri			437.50		7514.06
			LAL Hours			1020.83		17532.72
			Total Hours					
			Gross Earnings			1458.33		25046.78
			Total Hrs Worked					
			DESCRIPTION	FILING STATUS		THIS PERIOD (\$)		YTD (\$)
			Social Security			90.42		1552.90
			Medicare			21.15		363.18
			Fed Income Tax	M 2		76.04		1671.25
			LA Income Tax	M 0 2		30.00		571.00
			TOTAL			217.61		4158.33
			DESCRIPTION			THIS PERIOD (\$)		YTD (\$)
			STD Post-Tax			99.29		595.73
			TOTAL			99.29		595.73

Salary :

Stub1 : 1458.33

Stub2 : 1458.33

2916.66

x 70%

\$2041.66

charge to grant

Fringe :

2041.66

x 7.65%

\$156.19

charge to grant

0 • C

1,458.33 +

1,458.33 +

2,916.66 x

70 • %

2,041.66 *

2,041.66 x

7.65 %

156.19 *

NET PAY	THIS PERIOD (\$) 1141.43	YTD (\$) 20292.72
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FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 77403
BATON ROUGE LA 70874

0060-T846
ORG1:100 Staff Bi-weekly
EE ID: 4 DD

Compliance Coordinator

TALISHA DAVIS
3829 NORTH YOSEMITE DRIVE
BATON ROUGE LA 70814

70%

Stub 2

PERSONAL AND CHECK INFORMATION Talisha Davis 3829 North Yosemite Drive Baton Rouge, LA 70814 Soc Sec #: xxx-xx-xxxx Employee ID: 4 Home Department: 100 Staff Bi-weekly Pay Period: 10/16/17 to 10/31/17 Check Date: 10/30/17 Check #: 6738			EARNINGS					
			DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
			Fvri			437.50		7951.56
			LAL Hours			1020.83		18553.55
			Total Hours					
			Gross Earnings			1458.33		26505.11
			Total Hrs Worked					
			WITHHOLDINGS					
			DESCRIPTION	FILING STATUS		THIS PERIOD (\$)		YTD (\$)
			Social Security			90.42		1643.32
			Medicare			21.14		384.32
			Fed Income Tax	M 2		76.04		1747.29
			LA Income Tax	M 0 2		30.00		601.00
			TOTAL			217.60		4375.93
			DEDUCTIONS					
			DESCRIPTION			THIS PERIOD (\$)		YTD (\$)
			STD Post-Tax			99.29		695.02
			TOTAL			99.29		695.02
						THIS PERIOD (\$)		YTD (\$)
						1141.44		21434.16
						THIS PERIOD (\$)		YTD (\$)
						1141.44		21434.16

See Stub 1 for calculations

Payroll by Paychex, Inc

Education Specialist

ALLISON DAVIS
17232 JEFFERSON HIGHWAY
APT # 417
BATON ROUGE LA 70817

100%

Stub 1

PERSONAL AND CHECK INFORMATION			EARNINGS				
Allison Davis 17232 Jefferson Highway Apt # 417 Baton Rouge, LA 70817 Soc Sec #: xxx-xx-xxxx Employee ID: 37			DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD (\$)
Home Department: 100 Staff Bi-weekly			LAL Hours			1041.66	11979.08
Pay Period: 10/01/17 to 10/15/17			Total Hours				
Check Date: 10/13/17 Check #: 6730			Gross Earnings			1041.66	11979.08
NET PAY ALLOCATIONS			Total Hrs Worked				
DESCRIPTION	THIS PERIOD (\$)	YTD (\$)	WITHHOLDINGS				
Check Amount	0.00	0.00	DESCRIPTION	FILING STATUS		THIS PERIOD (\$)	YTD (\$)
Chkg 3799	911.00	10600.89	Social Security			64.58	742.70
NET PAY	911.00	10600.89	Medicare			15.11	173.70
			LA Income Tax	S 2 1		25.00	280.00
			TOTAL			104.69	1196.40
			DEDUCTIONS				
			DESCRIPTION			THIS PERIOD (\$)	YTD (\$)
			STD Post-Tax			25.97	181.79
			TOTAL			25.97	181.79
NET PAY			THIS PERIOD (\$)				
			911.00				
			YTD (\$)				
			10600.89				

Salary

Stub 1: 1041.66

Stub 2: 1041.67

\$2083.33

↑ 100% to grant

Fringe

2083.33

x 7.65%

\$159.37

↑ 100% to grant

O.C

1,041.66 +

1,041.67 +

2,083.33 x

7.65 %

159.37 *

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 77403
BATON ROUGE LA 70874

0060-T846
ORG1:100 Staff Bi-weekly
EE ID: 37 DD

ALLISON DAVIS
17232 JEFFERSON HIGHWAY
APT # 417
BATON ROUGE LA 70817

Education Specialist

100%

Stub 2

PERSONAL AND CHECK INFORMATION		
Allison Davis 17232 Jefferson Highway Apt # 417 Baton Rouge, LA 70817 Soc Sec #: xxx-xx-xxxx Employee ID: 37		
Home Department: 100 Staff Bi-weekly		
Pay Period: 10/16/17 to 10/31/17		
Check Date: 10/30/17 Check #: 6737		
NET PAY ALLOCATIONS		
DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 3799	911.01	11511.90
NET PAY	911.01	11511.90

EARNINGS	DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
	LAL Hours			1041.67		13020.75
	Total Hours					
	Gross Earnings			1041.67		13020.75
	Total Hrs Worked					
WITHHOLDINGS	DESCRIPTION	FILING STATUS		THIS PERIOD (\$)		YTD (\$)
	Social Security			64.59		807.29
	Medicare			15.10		188.80
	LA Income Tax	S 2 1		25.00		305.00
	TOTAL			104.69		1301.09
DEDUCTIONS	DESCRIPTION			THIS PERIOD (\$)		YTD (\$)
	STD Post-Tax			25.97		207.76
	TOTAL			25.97		207.76

See Stub 1
for calculations

NET PAY	THIS PERIOD (\$)	YTD (\$)
	911.01	11511.90

Received

PATRICIA A BROWN
6555 E MONARCH
BATON ROUGE LA 70812

Data Entry Specialist

100%

Stub 1

PERSONAL AND CHECK INFORMATION			EARNINGS		WITHHOLDINGS		DEDUCTIONS	
Patricia A Brown 6555 E Monarch Baton Rouge, LA 70812 Soc Sec #: xxx-xx-xxxx Employee ID: 35 Home Department: 100 Staff Bi-weekly Pay Period: 10/01/17 to 10/15/17 Check Date: 10/13/17 Check #: 6729			DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
NET PAY ALLOCATIONS			LAL Hours			1041.66		18603.01
			Total Hours					
			Gross Earnings			1041.66		18603.01
			Total Hrs Worked					
			Social Security			64.59		1153.39
			Medicare			15.10		269.74
			Fed Income Tax	S 1		97.13		1903.81
			LA Income Tax	S 0 1		26.00		502.00
			TOTAL			202.82		3828.94
			STD Post-Tax			36.72		257.05
			TOTAL			36.72		257.05

Salary

Stub 1: 1041.66

Stub 2: 1041.67

\$ 2083.33

100% to grant

Fringe:

2083.33

x 7.65%

\$ 159.37

100% to grant

0 = C

1,041.66 +

1,041.67 +

2,083.33 x

7.65 %

159.37 *

NET PAY	THIS PERIOD (\$)	YTD (\$)
	802.12	14517.02

Salary
Stub 1: 1041.66
Stub 2: 1041.67
\$ 2083.33
100% to grant

Fringe:
2083.33
x 7.65%
\$ 159.37
100% to grant

O - C
1,041.66 +
1,041.67 +
2,083.33 x
7.65 %
159.37 *

PATRICIA A BROWN
6555 E MONARCH
BATON ROUGE LA 70812

Data Entry Specialist

100%

Stub 2

PERSONAL AND CHECK INFORMATION Patricia A Brown 6555 E Monarch Baton Rouge, LA 70812 Soc Sec #: xxx-xx-xxxx Employee ID: 35 Home Department: 100 Staff Bi-weekly Pay Period: 10/16/17 to 10/31/17 Check Date: 10/30/17 Check #: 6736			EARNINGS						
			DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)	
			LAL Hours			1041.67		19644.68	
			Total Hours						
			Gross Earnings			1041.67		19644.68	
			Total Hrs Worked						
			WITHHOLDINGS		DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTD (\$)	
					Social Security		64.58	1217.97	
					Medicare		15.11	284.85	
					Fed Income Tax	S 1	97.14	2000.95	
					LA Income Tax	S 0 1	26.00	528.00	
					TOTAL		202.83	4031.77	
			DEDUCTIONS		DESCRIPTION		THIS PERIOD (\$)	YTD (\$)	
					STD Post-Tax		36.72	293.77	
					TOTAL		36.72	293.77	
			<div>See stub 1 for calculations</div>						
			NET PAY		THIS PERIOD (\$)		YTD (\$)		
					802.12		15319.14		

Printed by Paychex, Inc.

Client Services Coordinator

SHIRLEY WALKER
6230 MAPLEWOOD DRIVE
BATON ROUGE LA 70812

100%

Stub 1

PERSONAL AND CHECK INFORMATION			EARNINGS				DESCRIPTION		HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
Shirley Walker 6230 Maplewood Drive Baton Rouge, LA 70812 Soc Sec #: xxx-xx-xxxx Employee ID: 12 Home Department: 100 Staff Bi-weekly Pay Period: 10/01/17 to 10/15/17 Check Date: 10/13/17 Check #: 6735							Fvri						1041.66
							LAL Hours				1041.66	63.00	21899.73
							Total Hours					63.00	
							Gross Earnings				1041.66		22941.39
							Total Hrs Worked						
NET PAY ALLOCATIONS			WITHHOLDINGS				DESCRIPTION		FILING STATUS		THIS PERIOD (\$)		YTD (\$)
DESCRIPTION THIS PERIOD (\$)							Social Security				64.59		1422.37
Check Amount 0.00							Medicare				15.10		332.65
Chkg 2191 804.62							Fed Income Tax		S 1 +\$21.20		118.33		2745.29
NET PAY 804.62							LA Income Tax		S 0 1		26.00		616.00
							TOTAL				224.02		5116.31
			DEDUCTIONS				DESCRIPTION				THIS PERIOD (\$)		YTD (\$)
							STD Post-Tax				13.02		234.36
							TOTAL				13.02		234.36
NET PAY											THIS PERIOD (\$)		YTD (\$)
											804.62		17590.72

Salary

Stub 1 : 1041.66
Stub 2 : 1041.67
\$2083.33
100% to grant

Fringe :

2083.33
x 7.65%
\$159.37
100% to grant

O.C

1,041.66 +
1,041.67 +
2,083.33 x
7.65 %
159.37 *

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 77403
BATON ROUGE LA 70874

0060-T846
ORG1:100 Staff Bi-weekly
EE ID: 12 DD

Client Services Coordinator

SHIRLEY WALKER
6230 MAPLEWOOD DRIVE
BATON ROUGE LA 70812

100%

Stub 2

PERSONAL AND CHECK INFORMATION			EARNINGS				HRS/UNITS		RATE		THIS PERIOD (\$)		YTD HOURS		YTD (\$)				
Shirley Walker 6230 Maplewood Drive Baton Rouge, LA 70812 Soc Sec #: xxx-xx-xxxx Employee ID: 12 Home Department: 100 Staff Bi-weekly Pay Period: 10/16/17 to 10/31/17 Check Date: 10/30/17 Check #: 6742							Fvri								1041.66				
							LAL Hours				1041.67		63.00		22941.40				
							Total Hours						63.00						
							Gross Earnings				1041.67				23983.06				
							Total Hrs Worked												
NET PAY ALLOCATIONS			WITHHOLDINGS				DESCRIPTION		FILING STATUS		THIS PERIOD (\$)				YTD (\$)				
DESCRIPTION			THIS PERIOD (\$)		YTD (\$)														
Check Amount			0.00		0.00						64.58				1486.95				
											15.10				347.75				
Chkg 2191			804.63		18395.35		S 1 +\$21.20				118.34				2863.63				
NET PAY			804.63		18395.35		S 0 1				26.00				642.00				
							TOTAL				224.02				5340.33				
			DEDUCTIONS				DESCRIPTION				THIS PERIOD (\$)				YTD (\$)				
							STD Post-Tax				13.02				247.38				
							TOTAL				13.02				247.38				
<div>See Stub 1 for calculations</div>																			
NET PAY										THIS PERIOD (\$)		804.63		YTD (\$)		18395.35			



WHITNEY BANK

P.O. Box 4019 Gulfport, MS 39502



Page: 1 of 1

Statements Dates

10/01/2017 - 10/31/2017

Account Number:

Images:

0

***ZERO CHECKS* E0**

Return Service Requested

1 110000 001

FAMILY VALUES RESOURCE INSTITUTE INC
RESTRICTED FUNDS
P O BOX 74403
BATON ROUGE LA 70874

WE'RE READY TO LEND WITH GREAT RATES ON PERSONAL LOANS.
TO APPLY CALL 1-800-965-LOAN. NORMAL CREDIT CRITERIA APPLY.

***** CHECKING ACCOUNT SUMMARY *****

Checking Account Summary

PREVIOUS BALANCE	AVERAGE BALANCE
+ 8 CREDITS	
- 6 DEBITS	YTD INTEREST PAID
- SERVICE CHARGES	
+ INTEREST PAID	
ENDING BALANCE	

***** CHECKING ACCOUNT TRANSACTIONS *****

• Deposits and Other Credits

Date	Amount	Description	Date	Amount	Description
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100000001

• Other Debits

Date	Amount	Description	Date	Amount	Description
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10/12	6,692.93	PAYROLL	10/27	6,800.82	PAYROLL PAYCHEX INC. 017299001520212CCD
		PAYCHEX INC.			

• Balance By Date

Date	Balance	Date	Balance
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13
yroll
11

10/30
payroll



Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Patricia Brown

Month/Year: Oct-17

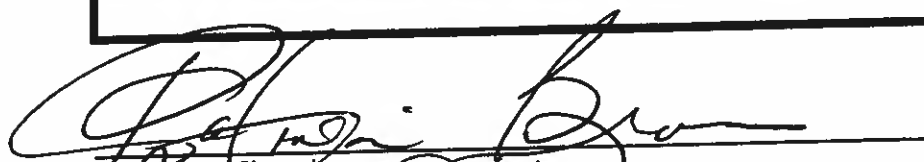
Provide a breakdown of your responsibilities for this month. Keep in mind:

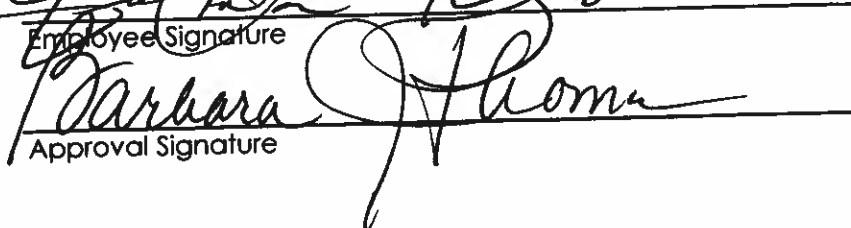
1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

Sponsored Project: Louisiana Alliance For Life	
List Major Work Performed	% of Time
Data Entry - Enter client data into database; Prepare and submit monthly reports	50%
Receptionist Duties - Answer phone and schedule appointments	25%
Counseling - Give pregnancy test and referrals based on need, complete TANF paperwork	25%
Total % of Time on Project: 100%	

Sponsored Project:	
List Major Work Performed	% of Time
Total % of Time on Project:	

Sponsored Project:	
List Major Work Performed	% of Time
Total % of Time on Project:	


Employee Signature


Approval Signature

11-7-17
Date

11-7-17
Date

*Counsel
& give pregnancy
test*



Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Michael Ferris

Month/Year: October 2017

Provide a breakdown of your responsibilities for this month. Keep in mind:

1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

Sponsored Project: Louisiana Alliance For Life	
List Major Work Performed	% of Time
Collect, Review and Approve Subcontractor Reimbursements	40%
Fielding and Answering Calls and emails from Subcontractors	30%
Worked with CENLA PC as they prepare to open	30%
Total % of Time on Project: 100%	

Sponsored Project: Louisiana Alliance For Life - continued	
List Major Work Performed	% of Time
Total % of Time on Project: 100%	

Sponsored Project:	
List Major Work Performed	% of Time
Total % of Time on Project:	

Employee Signature

Date

Approval Signature

Date



Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Shirley Walker

Month/Year: Oct-17

Provide a breakdown of your responsibilities for this month. Keep in mind:

1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

Sponsored Project:	
List Major Work Performed	% of Time
Counseling: Consult w/ clients, give pregnancy tests & complete TANF paperwork	75%
Coordinate client services such as scheduling, referral information, chart preparation, answering phones, etc...	10%
Supervise front office, train counselors and volunteers; Assist counselors w/ questions	10%
Total % of Time on Project:	

Sponsored Project:	
List Major Work Performed	% of Time
regarding client services, paperwork, etc.. ; Assist with Quarterly mailout	
Keep track of supplies needed for client services such as pregnancy tests, cups & charts	5%
Total % of Time on Project: 100%	

Sponsored Project:	
List Major Work Performed	% of Time
Total % of Time on Project:	

Shirley Walker
Employee Signature

Barbara J. Home
Approval Signature

11-08-17
Date

11/8/17
Date

Counselor + Supervisor



Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Talisha Davis

Month/Year: Oct-17

Provide a breakdown of your responsibilities for this month. Keep in mind:

1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

Sponsored Project: LA Alliance For Life	
List Major Work Performed	% of Time
Organizing & Completing Compliance Site Visits Info & Forms	35
Communication w/ Sub-Contractors- questions & expectations	5
Compliance Reviews (filling out forms correctly, expectation, documentation, etc)	15
Way Cool Database Compliance & Updates & Networking Meeting	15
Total % of Time on Project: 70	

Sponsored Project: Family Values Resource Institute	
List Major Work Performed	% of Time
Counseling Clients - Pregnancy Testing & providing referrals as needed	10
Finalize details to begin STD Testing	5
Prepare for and facilitate staff meeting	5
Work with student mentee on project & research paper	10
Total % of Time on Project: 30	

Sponsored Project:	
List Major Work Performed	% of Time
Total % of Time on Project:	

Talisha Davis
Employee Signature

Barbara Johnson
Approval Signature

11/8/17
Date

11/8/17
Date



Activities and Effort by Month

An After-the-Fact Distribution of Effort Form must be completed by each employee working on projects funded in whole or in part from external sources.

Name: Barbara Thomas

Month/Year: Oct-17

Provide a breakdown of your responsibilities for this month. Keep in mind:

1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
2. The combined % of time on major work performed for a project must equal must equal the Total % of time on Project.
3. The combined total effort on all projects reported must equal 100%.

Sponsored Project: Work Performed		LA Alliance for Life - Project Directo - % of Time
Develop/Maintain relationships with Partner Pregnancy Centers		20%
Supervise program operations for the Women's Help Center		15%
Counsel Women at the Women's Help Center (Emergency situations only)		0%
Compliance: Oversee compliance for all subcontractors		25%
		Total % of Time on Project:

Sponsored Project: Work Performed		
Worked close with Program Evaluator to implement evaluation pan		5%
Review and approve timesheets, employee absences, etc.		5%
Review and approve financial transactions, i.e., vendor and subcontractor payments, etc.		10%
Primary spokesperson and media representative for LA Alliance for Life (LAL)		5%
Staff Meetings		5%
		Total % of Time on Project:

Sponsored Project:		Family Values Resource Institute, Inc. % of Time
Attending Board Planning Meetings		
Staff/Meeting Training		
Fundraising Planning		
		Total % of Time on Project: 10%

Barbara Thomas
Employee Signature

11/8/17
Date

Gail Hollins
Approval Signature: Gail Hollins, FVRI Board Vice President

11/8/2017
Date

PAYROLL JOURNAL

EMPLOYEE NAME ID	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS				WITHHOLDINGS		DEDUCTIONS		NET PAY ALLOCATIONS	
	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS					
**** 100 STAFF BI-WEEKLY										
25 Data Entry Specialist Brown, Patricia A	LAL Hours			1,041.66		Social Security Medicare Fed Income Tax LA Income Tax	64.59 15.10 97.13 26.00	STD Post-Tax	36.72 Check Amt Chkg 0017	802.12 0.00 802.12
EMPLOYEE TOTAL										
37 Education Specialist Davis, Allison	LAL Hours			1,041.66		Social Security Medicare LA Income Tax	202.82 64.58 15.11 25.00	STD Post-Tax	36.72 Check Amt Chkg 3799	802.12 0.00 911.00
EMPLOYEE TOTAL										
4 Compliance Coordinator Davis, Talisha	LAL Hours			1,041.66		Social Security Medicare Fed Income Tax LA Income Tax	104.89 90.42 21.15 76.04 30.00	STD Post-Tax	25.97 Check Amt Chkg 0014	911.00 0.00 1,141.43
EMPLOYEE TOTAL										
5 Project Administrator Ferris, Michael A	LAL Hours			1,458.33		Social Security Medicare Fed Income Tax LA Income Tax	217.61 90.42 21.15 125.83 46.00	STD Post-Tax	99.29 Check Amt Chkg 1002	1,141.43 0.00 1,174.94
EMPLOYEE TOTAL										
EMPLOYEE TOTAL										
11 Thomas, Barbara J	LAL Hours			208.34		Social Security Medicare Fed Income Tax LA Income Tax	129.16 30.21 194.27 65.00	STD Post-Tax	48.00 Check Amt Chkg 0016	1,616.70 0.00 1,616.70
EMPLOYEE TOTAL										
12 Walker, Shirley	LAL Hours			2,083.34		Social Security Medicare Fed Income Tax LA Income Tax	418.64 64.59 15.10 118.33 26.00	STD Post-Tax	48.00 Check Amt Chkg 2191	1,616.70 0.00 804.52
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PAYROLL JOURNAL

EMPLOYEE NAME ID	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS				WITHHOLDINGS		DEDUCTIONS	NET PAY ALLOCATIONS	
	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS				
	100 STAFF BI-WEEKLY TOTAL		14.00	8,394.21		Fed Income Tax 614.10 LA Income Tax 222.00 1,478.28		222.00	Net Pay 6,692.93
						Employer Liabilities Social Security 520.44 Medicare 121.71			
					TOTAL EMPLOYER LIABILITY 642.15				
					TOTAL TAX LIABILITY 2,120.43				
**** 300 1099 Isaac, Latosha S (IC) 36	1099 Misc Comp 1099 Misc Comp				361.81 1,304.86		Deduction	20.10	Direct Deposit # 445 Check Amt 0.00 Chkg 0010 1,546.57
300 1099 TOTALS 1 Person(s) 1 Transaction(s)	1099 Misc Comp 300 1099 TOTAL				1,666.67 1,666.67		Deduction	20.10	Check Amt 0.00 Dir Dep 1,546.57 Net Pay 1,546.57
COMPANY TOTALS 8 Person(s) 8 Transaction(s)	Fur LAL Hours 1099 Misc Comp COMPANY TOTAL		14.00 14.00	1,206.73 7,187.48 8,394.21		Social Security 520.46 Medicare 121.73 1,666.67 LA Income Tax 222.00 1,478.28	Deduction STD Post-Tax	20.10 222.00	Check Amt 0.00 Dir Dep 8,339.50 Net Pay 8,339.50
(IC) = Independent Contractor						Employer Liabilities Social Security 520.44 Medicare 121.71 TOTAL EMPLOYER LIABILITY 642.15 TOTAL TAX LIABILITY 2,120.43			

PAYROLL JOURNAL

EMPLOYEE NAME ID	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS				WITHHOLDINGS		DEDUCTIONS		NET PAY ALLOCATIONS	
	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS					
**** 100 STAFF BI-WEEKLY										
Brown, Patricia A 38 <i>Data Entry Specialist</i>	LAL Hours			1,041.67		Social Security Medicare Fed Income Tax LA Income Tax	64.58 15.11 97.14 26.00	STD Post-Tax	36.72	Direct Deposit # 6736 Check Amt Chkg 0017 0.00 802.12
	EMPLOYEE TOTAL			1,041.67			202.63		36.72	Net Pay 802.12
				1,041.67		Social Security Medicare LA Income Tax	64.59 15.10 25.00	STD Post-Tax	25.97	Direct Deposit # 6737 Check Amt Chkg 3799 0.00 911.01
Davis, Allison 37 <i>Education Specialist</i>	LAL Hours			1,041.67			104.69		25.97	Net Pay 911.01
	EMPLOYEE TOTAL			1,041.67			99.42	STD Post-Tax	99.29	Direct Deposit # 6738 Check Amt Chkg 0014 0.00 1,141.44
				1,020.83		Social Security Medicare Fed Income Tax LA Income Tax	90.42 21.14 76.04 30.00			
Davis, Talisha 4 <i>Compliance Coordinator</i>	LAL Hours			1,458.33			217.60		99.29	Net Pay 1,141.44
	EMPLOYEE TOTAL			1,458.33			90.41			Direct Deposit # 6739 Check Amt Chkg 1002 0.00 1,174.95
				1,166.67		Social Security Medicare Fed Income Tax LA Income Tax	21.15 125.83 46.00			
Ferris, Michael A 5 <i>Project Administrator</i>	LAL Hours			1,458.34			283.39			Net Pay 1,174.95
	EMPLOYEE TOTAL			1,458.34						Direct Deposit # 6740 Check Amt Chkg 5358 0.00
						Social Security Medicare Fed Income Tax LA Income Tax				
EMPLOYEE TOTAL										
Thomas, Barbara J 11 <i>Project Director</i>	LAL Hours			208.34			126.17	STD Post-Tax	48.00	Net Pay Direct Deposit # 6741 Check Amt Chkg 0016 0.00 1,616.69
	EMPLOYEE TOTAL			2,083.34			418.65		48.00	Net Pay 1,616.69
				1,041.67		Social Security Medicare Fed Income Tax LA Income Tax	64.58 15.10 118.34 26.00	STD Post-Tax	13.02	Direct Deposit # 6742 Check Amt Chkg 2191 0.00 804.63
Walker, Shirley 12	LAL Hours			1,041.67			224.02		13.02	Net Pay 804.63
	EMPLOYEE TOTAL			1,041.67						
						Social Security Medicare Fed Income Tax LA Income Tax				
100 STAFF BI-WEEKLY TOTALS										
7 Person(s)	Fvii		21.00	1,341.34		Social Security Medicare	528.79 123.66	STD Post-Tax	223.00	Check Amt Dir Dep 0.00 6,800.82
7 Transaction(s)	LAL Hours			7,187.51						

PAYROLL JOURNAL

Receive

NOV 16 2017

DCFS

EMPLOYEE NAME ID	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS				WITHHOLDINGS		DEDUCTIONS		NET PAY ALLOCATIONS	
	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS					
	100 STAFF BI-WEEKLY TOTAL		21.00	8,528.85		Fed Income Tax 627.58 LA Income Tax 225.00 1,506.03		223.00	Net Pay	6,800.82
						Employer Liabilities Social Security 528.79 Medicare 123.67				
**** 300 1099 Isaac, Latosha S (IC) 36	1099 Misc Comp 1099 Misc Comp					TOTAL EMPLOYER LIABILITY 652.46 TOTAL TAX LIABILITY 2,157.49				
300 1099 TOTALS	1 Person(s) 1 Transaction(s)	1099 Misc Comp			1,666.67		Deduction	20.10	Check Amt Dir Dep	0.00 1,646.57
		300 1099 TOTAL			1,666.67			20.10	Net Pay	1,646.57
COMPANY TOTALS	8 Person(s) 8 Transaction(s)	Fvri LAL Hours 1099 Misc Comp	21.00	1,341.34 7,187.51		Social Security 528.79 Medicare 123.66 Fed Income Tax 627.58 LA Income Tax 225.00 1,506.03	Deduction STD Post-Tax	20.10	Check Amt Dir Dep	0.00 8,447.89
		COMPANY TOTAL	21.00	8,528.85	1,666.67	Employer Liabilities Social Security 528.79 Medicare 123.67 TOTAL EMPLOYER LIABILITY 652.46 TOTAL TAX LIABILITY 2,157.49		243.10	Net Pay	8,447.39
(IC) = Independent Contractor										

Fringe: 941 Tax Payment - 10/13 Payroll

TAXPAYER NAME: FAMILY VALUES RESOURCE INSTITUTE

TIN xxxxx5039

Deposit Confirmation

Your payment has been accepted.

Payment Successful

An EFT Acknowledgement Number has been provided for this payment. Please keep this number for your records.

REMINDER: REMEMBER TO FILE ALL RETURNS WHEN DUE!

EFT ACKNOWLEDGEMENT NUMBER:	270769135125696
------------------------------------	-----------------

PLEASE NOTE

Any amounts represented in the subcategories of Social Security, Medicare, and Income Tax Withholding are for informational purposes only.

Payment Information	Entered Data
Taxpayer EIN	xxxxx5039
Tax Form	941 Employers Federal Tax
Tax Type	Federal Tax Deposit
Tax Period	Q4/2017
Payment Amount	\$1,898.43
Settlement Date	10/18/2017
Subcategories:	
1 Social Security	\$1,040.89
2 Medicare	\$243.44
3 Tax Withholding	\$614.10
Account Number	xxxx0000
Account Type	CHECKING
Routing Number	065400153
Bank Name	WHITNEY BANK

Fringe Proof of Payment - 941 Payment



Transactions Details

Posting Date	10/18/2017
Transaction Date	10/18/2017
Description	USATAXPYMT IRS 101817
Transaction Type	Debit
T/C	0036
Amount	\$1,898.43
Balance	

Fringe: 941 Tax Payment - 10/30 Payroll

TAXPAYER NAME: FAMILY VALUES RESOURCE INSTITUTE

TIN: xxxxx5039

Deposit Confirmation

Your payment has been accepted.

Payment Successful

An EFT Acknowledgement Number has been provided for this payment. Please keep this number for your records

REMINDER: REMEMBER TO FILE ALL RETURNS WHEN DUE!

EFT ACKNOWLEDGEMENT NUMBER:	270770712837475
------------------------------------	-----------------

PLEASE NOTE

Any amounts represented in the subcategories of Social Security, Medicare, and Income Tax Withholding are for informational purposes only.

Payment Information	Entered Data
Taxpayer EIN	xxxxx5039
Tax Form	941 Employers Federal Tax
Tax Type	Federal Tax Deposit
Tax Period	Q4/2017
Payment Amount	\$1,932.49
Settlement Date	11/03/2017
Subcategories:	
1 Social Security	\$1,057.58
2 Medicare	\$247.33
3 Tax Withholding	\$627.58
Account Number	xxxx0000
Account Type	CHECKING
Routing Number	065400153
Bank Name	WHITNEY BANK

Franchise: 941 Tax Payment - 10/30 Payroll

PAYCHEX, INC.
401 WHITNEY AVENUE SUITE 200
GRETNALA 70056
(944) 729-9247

Soc Sec and Med and Federal Withholding Tax

EFTPS Mandated: Initiate new 941 EFT deposit for the specified quarter at least one banking day before the due date.
Non-mandated: Initiate a 941 payment for the specified quarter at www.eftps.gov at least one banking day before the due date.

Deposit Period:	10/28/17 - 10/31/17	Employee Social Security	528.79
Amount Due:	\$1,932.48	Employee Medicare	123.66
Due Date:	11/03/17	Employer Social Security	528.79
Quarter:	4	Employer Medicare	123.67
		Federal Withholding	627.58
Date Paid:	10/30/17 3:00 PM	Federal ID:	72-1415039
Check Number:	paid online	Last Check Date:	10/30/17

IMPORTANT REMINDERS

- *** You are scheduled to report your next payroll on Mon 11/13/17.
- *** In compliance with the Federal Depository rules, your federal deposit frequency is Semi-weekly. Please verify with your deposit frequency information notice from the IRS. If the frequency is different, notify your Payroll Specialist immediately.
- *** Payments made by EFT must be initiated one day prior to the due date.



0060-0060T846-002-299-1146

0060-T846

IRS

FAMILY VALUES RESOURCE INSTITUTE INC
INSTITUTE INC
PO BOX 74403
BATON ROUGE LA 70874-4403



0060-0060T846-002-299-1146

Fringe: 941 Tax Payment - 1030 Payroll



Transactions Details

Posting Date	11/03/2017
Transaction Date	11/03/2017
Description	USATAXPYMT IRS 110317
Transaction Type	Debit
T/C	0036
Amount	\$1,932.49
Balance	

FVRI

DESCRIPTION	AMOUNT
Monthly Charge for Rental of 2,000 square feet of office space in 2500 square foot building at \$0.60 per square foot as stated in the budget narrative.	1,200.00
TOTAL	\$ 1,200.00



Rent

Transactions Details

Posting Date	11/08/2017
Transaction Date	11/08/2017
Description	DDA-CHECK 0000001582
Transaction Type	Debit
T/C	0075
Amount	\$1,200.00
Balance	

Front

Back

	FAMILY VALUES RESOURCE INSTITUTE INC. DBA LOUISIANA ALLIANCE FOR LIFE PO BOX 74403 PH. 225-359-9001 BATON ROUGE, LA 70874-4403	WHITNEY BANK Member FDIC / whitneybank.com	1582 84-15554
PAY TO THE ORDER OF Family Values Resource Institute, Inc		11/8/2017	
One Thousand Two Hundred and 00/100		\$ 1,200.00	
Family Values Resource Institute, Inc 7515 Scenic Highway Baton Rouge, LA 70807			
MEMO	LAL Rent	 AUTHORIZED SIGNATURE	
⑈001582⑈ ⑆065400153⑆			

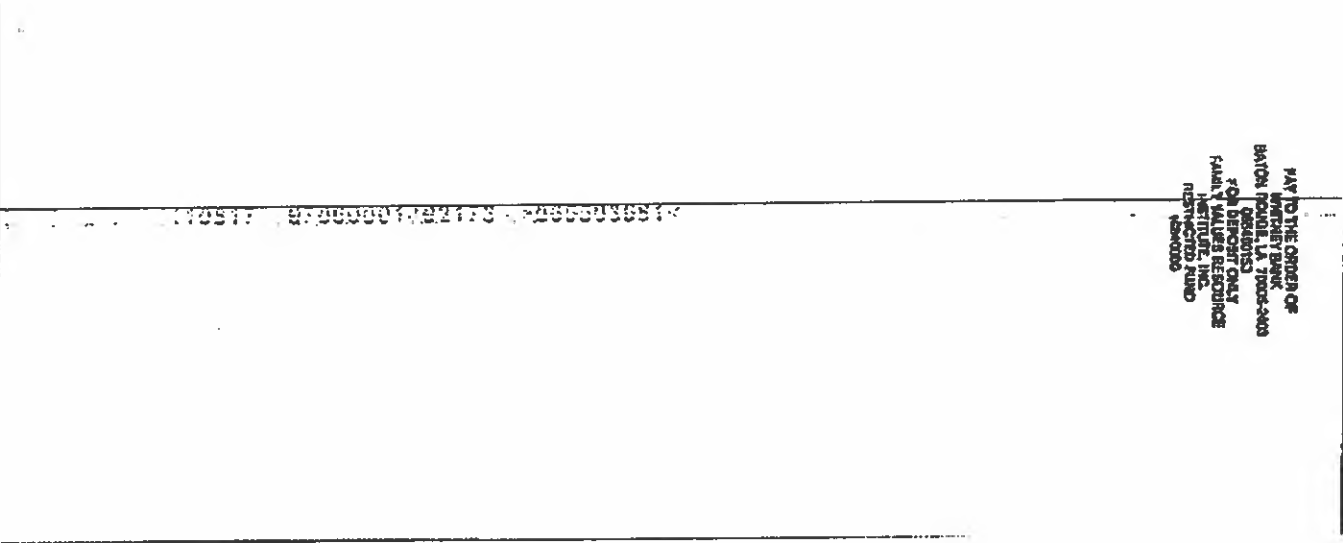


Transactions Details

Posting Date	11/08/2017
Transaction Date	11/08/2017
Description	DDA CHECK 0000001582
Transaction Type	Debit
T/C	0075
Amount	\$1,200.00
Balance	

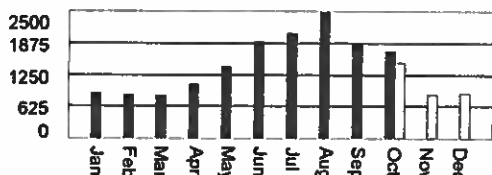
Front

Back



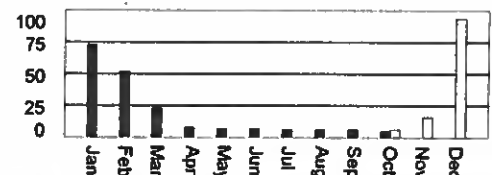
Total Monthly Energy Usage

Electric			
Billing Period	Billing Days	kWh Used	Avg kWh Per Day
Oct 2017	30	1708	56.9
Oct 2016	31	1489	48.0



Gas

Billing Period	Billing Days	Ccf Used	Avg Ccf Per Day
Oct 2017	30	5	0.17
Oct 2016	31	6	0.19



Important Messages

Thank you for the prompt way you pay your bill.

Real-Time Payment Options:

-My Account Online at entergy.com

By Phone at 800-584-1241 for a small fee.

Please add \$1 to total bill amount for The Power to Care. Learn more at entergy.com.

Account Summary for Charles R Thomas Jr

Account # 32078008	Mail Date	QPC 04000
Invoice # 425003148009	10/27/2017	Cycle 21
Amount Due by 11/20/2017	\$253.59 after	\$261.06

Account Detail

Previous Balance		277.89
Payment Received	(10/13/2017)	-277.89
Remaining Balance		\$0.00

Current Charges

Customer Charge		13.39
Energy Charge		96.13
Formula Rate Plan	@ 29.4462%	32.04
Storm Restoration Offset		-2.99
Fuel Adjustment	1708 kWh @ \$0.02965	50.64
Federal Mandated EAC Rider	1708 kWh @ \$0.000038	0.06
Municipal Franchise Fee		4.73
Total Metered Charges Electric (Contract 3288046)		\$194.00

Customer Charge	9.10
Gas Service	2.43
Gas Fuel Adjustment	5 Ccf @ \$0.4258
Total Metered Charges Gas (Contract 3288047)	\$13.66

Security Lighting Billing

-- Rate --	Qty	-- Facility Type --	-- kWh --	
AL9	1	400W Hps	150.0	12.49
Energy Charge				0.06
Formula Rate Plan			@ 29.21%	3.65
Storm Restoration Offset				-0.34
Fuel Adjustment		150 kWh @ \$0.02965		4.45
Federal Mandated EAC Rider		150 kWh @ \$0.000038		0.01
Municipal Franchise Fee				0.51
Total Security Lighting Charges (09/23/2017 - 10/23/2017)				\$20.83
State Sales Tax				9.14
Storm Restoration Charge				15.96
Current Month Energy Charges				\$253.59

Entergy.

entergy-louisiana.com

Account 32078008 QP

Customer Service
877-ETRBIZZ
(877-387-2499)

253.59 x 48009

80 • % 

202 • 87 * 06

202-87M+ Thank You.

11 * 83 x

80. 708

9.46 *

9.46M+

212 • 33 Ms

000005973 01 AV 0.370 ***** AUTO**SCH 5-DIGIT 70807



CHARLES R THOMAS JR
NORTH BR WOMAN'S HELP CENTER
7515 SCENIC HWY
BATON ROUGE LA 70807-5447

ENTER: 002
PO BOX
BATON

4000000032078008000000000000000025359100000026106532407

Internet

Meter Reading (Contract 3288046)

Meter # F130154	Rate : GS_SGS	
Total Days (30)		
Current Meter Reading	(10/21/2017)	82809
Previous Meter Reading	(09/21/2017)	- 81101
kWh Metered		1708
kW Metered		11.68

Meter Reading (Contract 3288047)

Meter # X134359	Rate : GG_G1A	
Total Days (30)		
Current Meter Reading	(10/21/2017)	9316
Previous Meter Reading	(09/21/2017)	- 9311
CCF Metered		5

AM C EGNR E2

000005973 05973 00002 #ntcs_bill_dp0_mail_01_20171027_003657

10/27/2017


Utilities \$ 202.87



Transactions Details

Posting Date	11/09/2017
Transaction Date	11/09/2017
Description	DDA CHECK 0000001575
Transaction Type	Debit
T/C	0077
Amount	\$253.59
Balance	

Front Back



FAMILY VALUES RESOURCE INSTITUTE INC.
DBA LOUISIANA ALLIANCE FOR LIFE
PO BOX 74403 PH. 225-359-9001
BATON ROUGE, LA 70874-4403

WHITNEY BANK

Member FDIC / whitneybank.com

1575

11/8/2017

PAY TO THE ORDER OF

Entergy

\$ **253.59

Two Hundred Fifty-Three and 59/100..... DOLLARS

Entergy

PO Box 8103

Baton Rouge, LA 70891-8103

United States

MEMO

Acct # 32078008

Barbara J. Thomas

AUTHORIZED SIGNATURE

⑈001575⑈ ⑆065400153⑆



Transactions Details

Posting Date	11/09/2017
Transaction Date	11/09/2017
Description	DDA CHECK 0000001575
Transaction Type	Debit
T/C	0077
Amount	\$253.59
Balance	

FrontBack

110917 5042 194 00032078008 0313750420194 CHECK21
DEPOSIT ONLY ENTERGY SERVICES INC
JPMORGAN CHASE & CO >11900057<

Utilities
80% \$9.46

Baton Rouge Water Company
8755 Goodwood Boulevard
Office Hours: 8:30 a.m. - 5:00 p.m.
Monday - Friday (excluding holidays)
Customer Service: (225) 925 - 2011

Account Number	Service Address	Reading Date
01 01 03 354 0008 02	07515 SCENIC HWY	OCT 02 2017

Baton Rouge Water Company			
Meter Readings			Amount
Current	Previous	100 Cubic Feet	
Billing Summary for Water Service:			
1160	1156	4	9.73
CITY EXCISE TAX			.50
LA SALES TAX			.42
LA DHH OPH SDWA FEE			1.00
GROUNDWATER FEE			.02
AUGUST 2016 FLOOD			
RECOVERY SURCHARGE			.16
Amount for Water Service:			11.83
TOTAL AMOUNT DUE BY OCT 30 2017			\$11.83

11.83
x 80%

9.46

Pay Online @ WWW.BRWATER.COM
Password: 70807 Acct. No.: 010103354000802

Please Return This Stub With Payment

AMOUNT ENCLOSED

Baton Rouge Water Company
P.O. Box 96016
Baton Rouge, LA 70896-9016

AMOUNT DUE BY OCT 30 2017 \$11.83
AMOUNT DUE AFTER OCT 30 2017 \$12.32

\$

For your convenience, please make
one check or money order payable to:
UTILITY PAYMENT PROCESSING
03 01 3 354000802

UTILITY PAYMENT PROCESSING
P O BOX 96025
BATON ROUGE LA 70896-9025

FAMILY VALUES RESOURC
P O BOX 74403
BATON ROUGE LA 70874-4403

FOR MAILING AND
PHONE NUMBER _____
CHANGES CHECK HERE
AND PROVIDE ON BACK

301010335400080200001183000012323



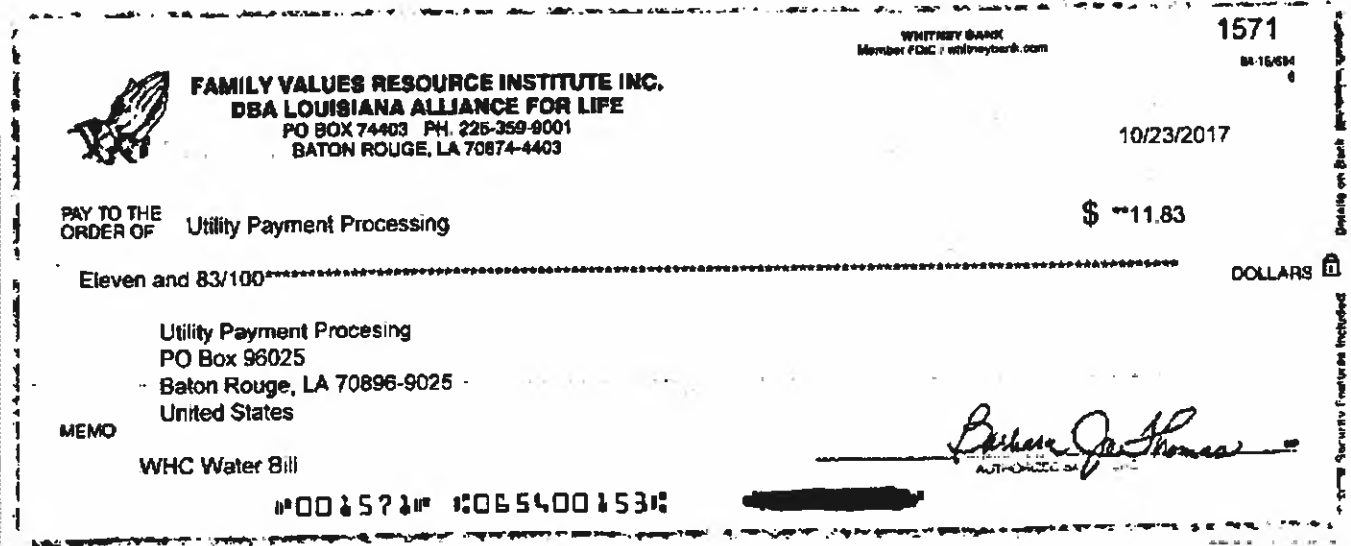
Transactions Details

Posting Date	10/27/2017
Transaction Date	10/27/2017
Description	DDA CHECK 0000001571
Transaction Type	Debit
T/C	0077
Amount	\$11.83
Balance	

Front

Back

AJP





Transactions Details

Posting Date	10/27/2017
Transaction Date	10/27/2017
Description	DDA CHECK 0000001571
Transaction Type	Debit
T/C	0077
Amount	\$11.83
Balance	

FrontBack

09499 564 102717 car Pay to the Order Of
354000802 01 Within Named Payee 8755A
354000802 01
010103354000802 009499 564



DE LAGE LANDEN FINANCIAL SERVICES, INC.
PO BOX 41602
PHILADELPHIA, PA 19101-1602

Copier Lease
\$196.90

1192056740 PRESORT 56740 1 AB 0.400 P1C214
1192056740

FAMILY VALUES RESOURCE INSTITUTE INC
ATTN AP
PO BOX 74403
BATON ROUGE LA 70874-4403

REMITTANCE SECTION

Invoice Number: 56496821
Due Date: 11/01/2017
Due This Period: \$218.98

Amount Enclosed: \$

Please make check payable to:

DE LAGE LANDEN FINANCIAL SERVICES, INC.
PO BOX 41602
PHILADELPHIA, PA 19101-1602



2100000564968210000218987

Detach here. Please include the top payment coupon with your payment. Please allow 5-7 days for U.S. Postal Service delivery.



DE LAGE LANDEN FINANCIAL SERVICES, INC.
PO BOX 41602
PHILADELPHIA, PA 19101-1602
800-736-0220

Contract Number: 25411981
Invoice Number: 56496821
Account Number: 1053937
Site Number: 3849724
Invoice Date: 10/07/2017
Period of Performance: 10/01/2017-10/31/2017
Due This Period: \$218.98

Visit www.lesseedirect.com

Did you know you can...

- ✓ View copies of your contract and open invoices
- ✓ Enroll in paperless invoicing
- ✓ Make a payment
- ✓ Set up automated/recurring payments

IMPORTANT MESSAGES

*Please review your equipment location(s) for tax purposes.

See Reverse For Important Information

INVOICE DETAILS

Description	Payment Amount	Tax	Total Amount	Applied Amount	Remaining Amount Due
PAYMENT	\$179.00	\$17.90	\$196.90	\$0.00	\$196.90
INSURANCE	\$20.07	\$2.01	\$22.08	\$0.00	\$22.08
Billed this Invoice	\$199.07	\$19.91	\$218.98	\$0.00	\$218.98
Balance Due Previous Invoices					\$0.00
Total Amount Due					\$218.98

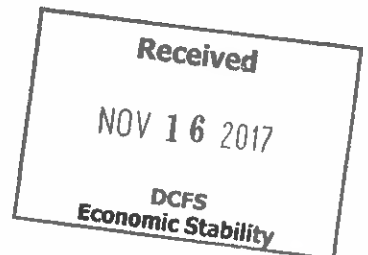
(Please see the following pages for details.)

ASSET DETAILS

Contract Number	Serial Number	Purchase Order	Make / Model	Asset Number	Install Date	Cost Center	Department	Payment Amount	Tax	Total Amount
25411981	A7PY011000108		KONMIN / BHC308	25411981_1				\$179.00	\$17.90	\$196.90

Asset Location: 7515 SCENIC HWY BATON ROUGE EAST BATON ROUGE LA 70807-5447 United States

Asset Amount Total: \$196.90





DE LAGE LANDEN FINANCIAL SERVICES, INC.
PO BOX 41602
PHILADELPHIA, PA 19101-1602

Copier Lease
\$196.90

REMITTANCE SECTION

Invoice Number: 56496821
Due Date: 11/01/2017
Due This Period: \$218.98

Amount Enclosed: \$

Please make check payable to:

DE LAGE LANDEN FINANCIAL SERVICES, INC.
PO BOX 41602
PHILADELPHIA, PA 19101-1602



1192056740 PRESORT 56740 1 AB 0.400 P1C214



FAMILY VALUES RESOURCE INSTITUTE INC
ATTN AP
PO BOX 74403
BATON ROUGE LA 70874-4403

2100000564968210000218987

Detach here. Please include the top payment coupon with your payment. Please allow 5-7 days for U.S. Postal Service delivery.



DE LAGE LANDEN FINANCIAL SERVICES, INC.
PO BOX 41602
PHILADELPHIA, PA 19101-1602
800-736-0220

Contract Number: 25411981
Invoice Number: 56496821
Account Number: 1053937
Site Number: 3849724
Invoice Date: 10/07/2017
Period of Performance: 10/01/2017-10/31/2017
Due This Period: \$218.98

Visit www.lesseedirect.com

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Balance Due Previous Invoices					\$0.00
Total Amount Due					\$218.98

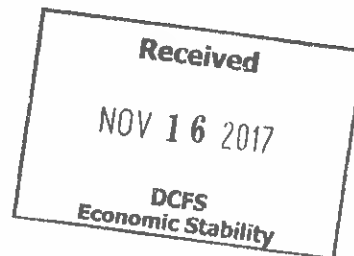
(Please see the following pages for details.)

ASSET DETAILS

Contract Number	Serial Number	Purchase Order	Make / Model	Asset Number	Install Date	Cost Center	Department	Payment Amount	Tax	Total Amount
25411981	A7PY011000108		KONMIN / BHC308	25411981_1				\$179.00	\$17.90	\$196.90

Asset Location: 7515 SCENIC HWY BATON ROUGE EAST BATON ROUGE LA 70807-5447 United States

Asset Amount Total: \$196.90



Contact Us

Customer Service



800-736-0220



customercarecenter@leasedirect.com

- Questions regarding your contract terms
- Balance Inquiry

- Questions regarding Insurance
- General Questions regarding your bill

Address Changes & Invoice Delivery



addressupdates@leasedirect.com

- Has your email address for invoice delivery changed?
- Has your billing or equipment address changed?
- Choose Paperless Invoicing and receive your invoice up to 5-7 days earlier!

Correspondence Address

DE LAGE LANDEN FINANCIAL SERVICES, INC. 1111 OLD EAGLE SCHOOL RD WAYNE, PA 19087-1453

*Please provide your contract number

IMPORTANT REMINDER: Enclose remittance slip with your check and send it to the address on the reverse side to ensure accurate and timely processing of your payment. **Please remit payments at least 5 days prior to due date. Please record your invoice number on the check.**

For account information 24 hours a day, 7 days a week, visit our website www.lesseedirect.com

Explanation of Charges

It is important to us that you understand the charges on your invoice. Please refer to this guide for assistance.

1. **DOCUMENTATION/ORIGINATION FEE** – A one-time fee assessed on new transactions to cover our expenses for preparing financing statements and other documentation costs.
2. **INTERIM PAYMENT** – A charge to account for the partial month, prior to the first full billing cycle, calculated per the terms and conditions in the contract.
3. **INSURANCE CHARGE** – A charge due each billing period as the result of the equipment being insured by the lessor against theft or damage.
4. **PAYMENT** – Amount due each billing period in accordance with the terms of the contract.
5. **LATE FEE** – Assessed when a payment is not received by its due date, as provided by the contract.
6. **FINANCE CHARGE** – Assessed when a payment is not received and is over thirty (30) days past its due date.
7. **PROPERTY TAX** – The lessor, as the owner of the equipment, is assessed and pays property tax to the appropriate taxing authority on an annual basis. Per the contract, the Lessee has agreed to reimburse the Lessor for all property taxes paid on their behalf plus reasonable administrative costs. For questions about taxes, call the Customer Service number above.
8. **RETURNED CHECK FEE** – Assessed each time a check is returned for any reason.
9. **CUSTOMER SERVICE FEE** – Assessed when a request for an amortization schedule, an invoice copy, a pay history or additional contract copy is requested.
10. **ACCOUNT SUMMARY** – Overview of prior billed invoices for which a partial or no payment was received at the time the current invoice was printed.
11. **TAX OR LESSOR SURCHARGE** – Taxes due in accordance with the tax laws of the state(s) where the equipment is located. For tax related questions, call the Customer Service number above.

pncdll-129356



20171010
>011000053<
FMC Bank
DRP TO CR. PAYEE
ADD OF END. CTD.
>011000053<

20171030
822597

Postage

0 • C

206 • 96 +

13 • 30 +

002

220 • 266 +

ISTROUMA
5200 LONGFELLOW DR
BATON ROUGE
LA
70805-2711
2106300966
10/16/2017 (800)275-8777 1:51 PM

Product Description	Sale Qty	Final Price
---------------------	----------	-------------

PM 1-Day	1	\$7.20
----------	---	--------

(Domestic)
(BATON ROUGE, LA 70804)
(Weight:1 Lb 1.00 Oz)
(Expected Delivery Day)
(Tuesday 10/17/2017)

Certified	1	\$3.35
-----------	---	--------

(USPS Certified Mail #)
(7017066000023099802)

Return	1	\$2.75
--------	---	--------

Receipt
(USPS Return Receipt #)
(9590940216096053112011)

Total		\$13.30
-------	--	---------

Debit Card Remit'd		\$13.30
--------------------	--	---------

(Card Name:Debit Card)
(Account #:XXXXXXXXXXXX7848)
(Approval #:
(Transaction #:704)
(Receipt #:004163)
(Debit Card Purchase \$13.30)
(Cash Back:\$0.00)

Includes up to \$50 insurance

BRIGHTEN SOMEONE'S MAILBOX. Greeting
cards available for purchase at select
Post Offices.

Text your tracking number to 28777
(2USPS) to get the latest status.
Standard Message and Data rates may
apply. You may also visit USPS.com
USPS Tracking or call 1-800-222-1811.

Save this receipt as evidence of
insurance. For information on filing
an insurance claim go to
<https://www.usps.com/filing-claims.htm>



Purchase Power® Account Statement

Statement Date October 5, 2017

Postage

SUMMARY OF YOUR CHARGES

Previous Balance	\$0.00
Purchases	
Postage	\$100.00
Equipment and Services	\$106.96
Total Purchases	\$206.96
Payments	\$0.00
Credits	\$0.00
Other Charges	\$0.00
Finance Charges	\$0.00
New Balance	\$206.96
Minimum Payment Due 11/01/2017	\$10.00

To avoid late fees please ensure Pitney Bowes receives a minimum payment before the due date of November 01, 2017

Credit Cards are NOT an accepted form of payment for accounts.
Please allow 2 business days for electronic (ACH) payments.
Go to pitneybowes.us/signin to make your payment.

PITNEY BOWES REWARDS POINTS

Previous Balance	2,047
- Points Redeemed	0
- Points Adjusted	0
Points Earned this billing period	207
New Rewards Balance	2,254
Review Details:	pitneybowes.us/rewards

Credit Line is: \$8,000.00
Available Credit: \$7,793.04

Questions about this statement?
pitneybowes.us/signin
Manage your account online, view and pay your bills, see detailed history, much more...
or
Call Monday – Friday 8AM to 8PM ET
800 243 7800. Please have your 16 digit account number available.

Point. Click. Done.

Reorder supplies today.
It's that easy.

pitneybowes.com/us/suppliesnow



The Pitney Bowes Bank, Inc. Tax ID#: 84-1386389

To make a payment by mail, please complete and send the coupon below. Please allow 7-10 business days for mail delivery.

Tear off here

PURCHASE POWER
2225 AMERICAN DRIVE
NEENAH WI 54956-1005

Account #	New Balance	Minimum Payment Due	Payment Due Date	Amount Enclosed
8000-9090-0923-5743	\$206.96	\$10.00	11/01/2017	\$

Change of address/contact information, please update at:
pitneybowes.com/us/support/addresschange

Make check payable to Purchase Power
If you've chosen to pay by mail, please include this payment coupon as well as your 16 digit account number on your check.

Accounts Payable
FAMILY VALUES RESOURCE
7515 SCENIC HWY
BATON ROUGE LA 70807

Purchase Power
PO BOX 371874
PITTSBURGH PA 15250-7874

800090900923574300001000000206965

Postage Activity

8000-9090-0923 5743	Tran Date	Post Date	Description	Reference	Amount
BATON ROUGE LA	09/11	09/12	Meter Refill SN-0585484	PBP #:50640960	\$100.00
Postage Activity					\$100.00
Total Postage Activity					\$100.00

Equipment and Services Activity

	Tran Date	Post Date	Description	Details	Charges	Am
	09/13	09/13	METER RENTAL Order#0040522218			\$106.96
				K7M0 K7M0 - Mailstation2# Meter	89.97	
				City Tax	1.80	
				County Tax	2.70	
				State Tax	4.50	
				Meter Serial No. 0585484		
				From 20171001 To 20171231		
				RESETS Postage Refill Fee	7.99	
				Refills 06/20		
Equipment and Services Activity						\$106.96

Total Equipment and Services Activity \$106.96

Purchase Power®

SEND OVERNIGHT CHECKS TO:
PURCHASE POWER
ATTN: BOX 371874
500 ROSS STREET SUITE 154-0470
PITTSBURGH PA 15262-0001

Finance Charges

Description	Average Daily Balance \$	Daily Periodic Rate	APR	Amount
Postage/Supplies	\$162.00	0.060%	22.00%	\$0.00
Total Finance Charges \$0.00				

Important Information

Access the following activities on our website:

- View and pay bills
- Order Supplies
- Update account information
- Access technical support
- Add postage to meters
- Permit Mail

It's easy. Go to pitneybowes.us/signin

Payment Options: When making payments to your account, please include your 16 digit account # on your check and allow for 7-10 days for mailing and processing. You can make a payment online at pitneybowes.us/signin. Please allow up to 2 business days for online payments. You can also transfer funds from your bank account.

If we do not receive your payment by the Payment Due Date, late fees will apply. If your payment is returned, you're liable for any charges we incur.

Postage





Transactions Details

Posting Date	11/02/2017
Transaction Date	11/02/2017
Description	DDA CHECK 0000001570
Transaction Type	Debit
T/C	0077
Amount	\$206.96
Balance	

Front

Back

	FAMILY VALUES RESOURCE INSTITUTE INC. DBA LOUISIANA ALLIANCE FOR LIFE PO BOX 74403 PH. 225-359-9001 BATON ROUGE, LA 70874-4403	WHITNEY BANK Member FDIC / whitneybank.com	1570 94-15/654
PAY TO THE ORDER OF	Pitney Bowes	10/23/2017	
Two Hundred Six and 96/100		\$ **206.96	DOLLARS
MEMO	Pitney Bowes Purchase Power PO Box 371874 Pittsburgh, PA 15250-7874		
⑈001570⑈ ⑆065400153⑆			

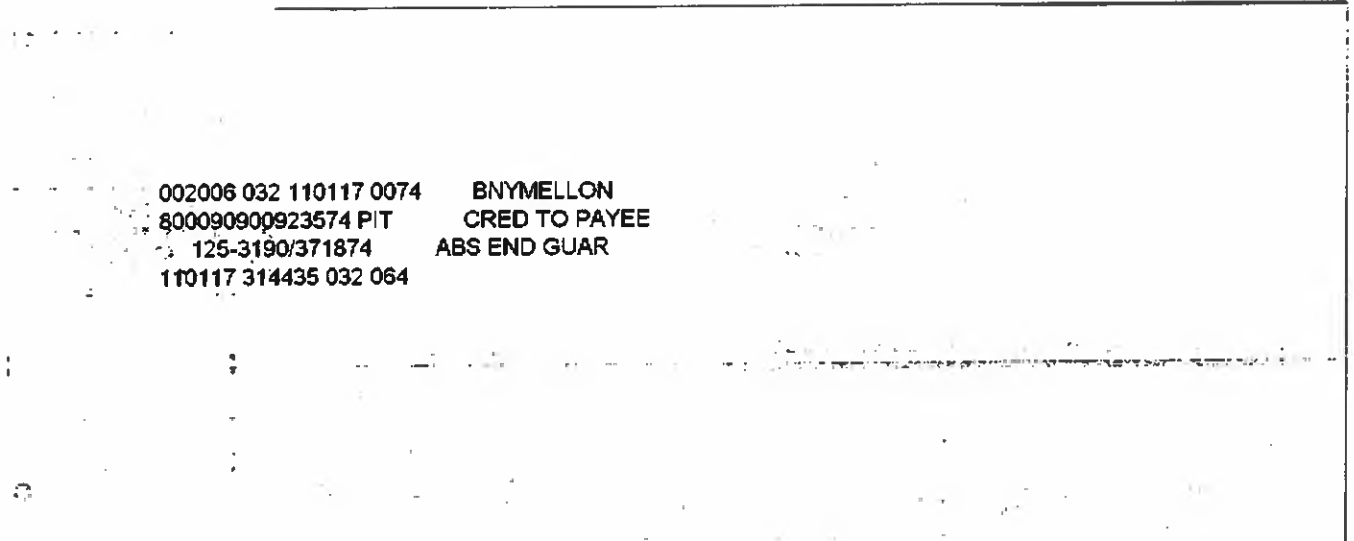


Transactions Details

Posting Date	11/02/2017
Transaction Date	11/02/2017
Description	DDA CHECK 0000001570
Transaction Type	Debit
T/C	0077
Amount	\$206.96
Balance	

Front

Back



OT FOR PAYMENTS)
PARTMENT # 102430
BOX 1259
AKS, PA 19456
00 0210 NO RP 05 10072017 NNNNNNNY 01 000955 0004
AMILY VALUES RESOURCE INSTITUTE
IC
515 SCENIC HWY
BATON ROUGE LA 70807-5447



October 06, 2017

CONTACT US: www.coxbusiness.com
 866-272-5777

Account Number **001 5711 071045903**
COX PIN 7515
SERVICE ADDRESS 7515 SCENIC HWY
BATON ROUGE, LA 70807-5447



ACCOUNT SUMMARY as of Oct 6, 2017

Previous Balance	\$525.24
Payment Received - Sep 29	-\$525.24
Remaining Previous Balance	\$0.00
New Charges: Oct 5, 2017 - Nov 4, 2017	
TV	\$62.49
Internet	\$115.00
Telephone	\$264.75
Cox Toll Free	\$5.00
Usage Charges(Phone)	\$2.59
Taxes, Fees and Surcharges	\$78.67
New Charges	\$528.50
Total Due By Oct 27, 2017	\$528.50

Telephone \$250.00
Internet \$75.00



Make Your Life Easier and GO GREEN!
With EasyPay, pay your monthly Cox bill automatically from your bank or credit card account. Add Paperless Billing and you get rid of paper bills and can access your account online any time, all while saving trees! Sign up today at www.coxbusiness.com/myaccount!

October 06, 2017 bill for FAMILY VALUES RESOURCE INSTITUTE
Account Number 001 5711 071045903
Service at 7515 SCENIC HWY
BATON ROUGE, LA 70807-5447

Total Due By Oct 27, 2017 \$528.50

COX BUSINESS
PO BOX 919243
DALLAS TX 75391-9243



05711001182071045903050052850

COX TOLL FREE

In Person: Visit www.cox.com/business for a list of Cox Authorized Payment Centers.



Monthly Services cont.	
855-696-2333	
Cox Toll Free Svc - Switched	\$5.00
Total Cox Toll Free	\$5.00
TOTAL MONTHLY SERVICES \$447.24	

USAGE CHARGES

Telephone Usage	
Usage for 225-355-2725	
Intrastate Long Distance (qty 4)	\$0.00
Usage for 225-355-2333	
Interstate Cox LD - CB (qty 2)	0.00
Usage for 225-359-9001	
Intrastate Long Distance (qty 8)	0.00
Interstate Cox LD - CB (qty 3)	0.00
Total Telephone Usage	\$0.00

Toll Free Usage	
Usage for 855-696-2333	
Interstate Toll Free - CB (qty 3)	\$0.30
Intrastate Toll Free - CB (qty 15)	2.29
Total Toll Free Usage	\$2.59
TOTAL USAGE CHARGES \$2.59	

TAXES, FEES AND SURCHARGES

TV and/or Internet Taxes and Fees	
FCC Fee	\$0.09
Franchise Fee	3.42
PEG Access Fee	0.35
Total TV and/or Internet Taxes and Fees	\$3.86

Telephone Taxes, Fees and Surcharges	
Taxes	
Federal Excise Tax	\$7.55
E-911 Tax (Commercial)	10.50
Interstate Telecomm Services	0.16
State Sales Tax	10.82
Total Taxes	\$29.03
Fees and Surcharges	
Access Recovery Fee - Multi-Line	\$10.00
Public Utility Excise Tax	11.99
Telecommunications Tax for the Deaf	0.28
Louisiana Universal Service Fund	4.08
Federal Universal Service Fund	18.75
Carrier Cost Recovery Fee	0.68
Total Fees and Surcharges	\$45.78
Total Telephone Taxes, Fees and Surcharges	\$74.81
TOTAL TAXES, FEES AND SURCHARGES \$78.67	
TOTAL NEW CHARGES \$528.50	

TELEPHONE USAGE DETAILS for 225-355-2725

Intrastate Long Distance

Telephone Usage Details cont.

Time	Place	Number	Min: Sec	Rate/Time	Amt
Sep 8					
10:37A	LAFAYETTE ,LA	337-289-9366	3:24	DD/D	0.0000
Sep 13					
12:38P	JENA ,LA	318-312-9861	2:36	DD/D	0.0000
12:41P	ALEXANDRI ,LA	318-314-3066	1:18	DD/D	0.0000
Sep 14					
09:20A	LAFAYETTE ,LA	337-289-9366	2:42	DD/D	0.0000
Total Intrastate Long Distance			10:00		\$0.00

TELEPHONE USAGE DETAILS for 225-355-2333

Interstate Long Distance

Time	Place	Number	Min: Sec	Rate/Time	Amt
Sep 13					
02:57P	ATLANTA N ,GA	770-638-3444	7:54	DD/D	0.0000
Oct 4					
12:54P	LAUREL ,MD	301-957-7103	1:00	DD/D	0.0000
Total Interstate Long Distance			8:54		\$0.00

TELEPHONE USAGE DETAILS for 225-359-9001

Intrastate Long Distance

Time	Place	Number	Min: Sec	Rate/Time	Amt
Sep 8					
01:10P	NEWORLEA ,LA	504-301-7573	1:24	DD/D	0.0000
01:44P	THIBODAUX,LA	985-446-5004	5:48	DD/D	0.0000
01:56P	LAFAYETTE ,LA	337-289-9366	2:42	DD/D	0.0000
Sep 12					
02:53P	MORGANCI ,LA	985-498-6188	:54	DD/D	0.0000
Sep 19					
11:26A	LAFAYETTE ,LA	337-232-5005	12:06	DD/D	0.0000
Sep 25					
10:37A	SHREVEPOR,LA	318-820-5196	:18	DD/D	0.0000
10:38A	SHREVEPOR,LA	318-820-5196	:36	DD/D	0.0000
Oct 3					
02:21P	LAFAYETTE ,LA	337-232-5005	14:00	DD/D	0.0000
Total Intrastate Long Distance			37:48		\$0.00

Interstate Long Distance

Time	Place	Number	Min: Sec	Rate/Time	Amt
Sep 15					
03:00P	BIRMINGHA,AL	205-259-1977	1:06	DD/D	0.0000
Sep 19					
01:19P	SOUTHFIEL ,MI	248-304-7246	1:18	DD/D	0.0000
Oct 4					
12:56P	BIRMINGHA,AL	205-259-1977	2:48	DD/D	0.0000
Total Interstate Long Distance			5:12		\$0.00

TELEPHONE USAGE DETAILS for 855-696-2333

Interstate Toll Free

Time	Place	From Number	Min: Sec	Rate/Time	Amt
Sep 14					
08:55A	MOBILE ,AL	251-508-0000	5:06	DD/D	0.2550
Sep 15					
11:10A	GRAND RPDS,MI	616-254-2065	:36	DD/D	0.0300
Sep 21					
03:47P	BIRMINGHA ,AL	205-516-0191	:12	DD/D	0.0100
Total Interstate Toll Free			5:54		\$0.30

Intrastate Toll Free

Time	Place	From Number	Min: Sec	Rate/ Time	Amt
Sep 5					
08:44A	BATONROUG,LA	225-220-2515	1:30	DD/D	0.0750
08:47A	BATONROUG,LA	225-220-2515	1:06	DD/D	0.0550
Sep 7					
10:17P	DONALDSNV,LA	225-717-4732	:18	DD/E	0.0150
Sep 12					
08:55A	BATONROUG,LA	225-803-5030	5:00	DD/D	0.2500
Sep 18					
08:09A	BATONROUG,LA	225-281-1657	2:48	DD/D	0.1400
09:48A	BATONROUG,LA	225-281-1657	1:48	DD/D	0.0900
Sep 28					
07:22A	BATONROUG,LA	225-803-5030	:24	DD/N	0.0200
Oct 1					
08:53P	BATONROUG,LA	225-336-5430	1:54	DD/N	0.0950
08:56P	BATONROUG,LA	225-336-5430	7:00	DD/N	0.3500
09:31P	BATONROUG,LA	225-336-5430	:12	DD/N	0.0100
Oct 2					
04:29P	BATONROUG,LA	225-336-5430	:18	DD/D	0.0150
04:30P	BATONROUG,LA	225-336-5430	2:48	DD/D	0.1400
04:33P	BATONROUG,LA	225-336-5430	11:12	DD/D	0.5600
07:59P	BATONROUG,LA	225-336-5430	9:18	DD/E	0.4650
09:06P	BATONROUG,LA	225-336-5430	:06	DD/E	0.0050
Total Intrastate Toll Free			45:42		\$2.29

To dispute the outcome related to your cable service, you may file a complaint with your local franchising authority: CITY OF BATON ROUGE, PO BOX 1471, BATON ROUGE, LA 70821

Checking Your Battery is Good Business!

Cox wants you to be prepared and provides a battery inside each telephone modem (eMTA) associated with your Cox Business voice service providing 8 hours of service under normal use when the commercial power is interrupted.

Make sure you are prepared in the event of a power outage at your location:

- Remember to check the battery regularly and ensure it is charged
- If the battery needs replacing or you have any questions, please call the number on your Cox bill to schedule free installation
- If your service does not have a telephone modem (eMTA) similar to the one shown, you can ignore this message

To learn how, visit coxbusiness.com/batteries

**Ensure your Business is Prepared
by Acting Today**



COX
Business

Page 2 of 2

Telephone \$200.00

Internet \$ 75.00



FAMILY VALUES RESOURCE INSTITUTE INC.
DBA LOUISIANA ALLIANCE FOR LIFE
PO BOX 74403 PH. 225-359-9001
BATON ROUGE, LA 70874-4403

WHITNEY BANK
Member FDIC / whitneybank.com

1568

24-15654
E

10/23/2017

PAY TO THE
ORDER OF Cox Business

\$ **528.50

Five Hundred Twenty-Eight and 50/100*****

DOLLARS ⑈

Cox Business
P.O. Box 919243
Dallas TX. 75391-9243

MEMO

TV, Internet, & Telephone Services

⑈001568⑈ ⑈065400153⑈

Barbara J. Thomas
AUTHORIZED SIGNATURE

JPMORGANCHASE BK NA	CR TO NMD
103017 >074909962<	PAYEE ALL
37689507 0919243	RTS RSVD
00005794 093	0000000701331795

Accounting: Bookkeeping

Latosha Isaac

1175 Lakemont Dr.
Baton Rouge, LA
70816

\$ 1304.86

Invoice

Date	Invoice #
10/13/2017	31

Bill To
Louisiana Alliance For Life Family Values Resource Institute, Inc 7515 Scenic Highway Baton Rouge, LA 70807

0 • C

1,304.86 +

1,304.86 +

002

2,609.72 G+

Description	Amount
Bookkeeping Services 10/1/17 - 10/13/17	1,646.57
<div>Received NOV 16 2017 DCFS Economic Stability</div>	
Total	\$1,646.57

Accounting: Bookkeeping \$130486



Transactions Details

Posting Date	10/12/2017
Transaction Date	10/12/2017
Description	PAYROLL PAYCHEX INC. 101217
Transaction Type	Debit
T/C	0036
Amount	\$1,646.57
Balance	

Latosha Isaac

Invoice

Date	Invoice #
10/30/2017	32

Bill To
Louisiana Alliance For Life Family Values Resource Institute, Inc 7515 Scenic Highway Baton Rouge, LA 70807

Description	Amount
Bookkeeping Services 10/16/17 - 10/30/17	1,646.57
Total	\$1,646.57

Accounting: Bookkeeping \$1304.86



Transactions Details

Posting Date	10/27/2017
Transaction Date	10/27/2017
Description	PAYROLL PAYCHEX INC. 102717
Transaction Type	Debit
T/C	0036
Amount	\$1,646.57
Balance	



Maintenance - Janitorial

Willing Mind Janitorial Service, LLC.

P. O. Box 1773

Prairieville, LA 70769

(225) 677-9839

wmjanitorial@yahoo.com



INVOICE

BILL TO

Family values Resource

Institute, Inc.

7515 Scenic Highway

Baton Rouge, La. 70807

INVOICE # 2494

DATE 11/02/2017

DUE DATE 11/17/2017

TERMS Net 15

ACTIVITY

AMOUNT

Services

757.00

Janitorial Service - October

BALANCE DUE

\$757.00

Maintenance - Janitorial



Transactions Details

Posting Date	11/09/2017
Transaction Date	11/09/2017
Description	DDA CHECK 0000001580
Transaction Type	Debit
T/C	0077
Amount	\$757.00
Balance	

Front Back



FAMILY VALUES RESOURCE INSTITUTE INC.
DBA LOUISIANA ALLIANCE FOR LIFE
PO BOX 74403 PH. 225-359-0001
BATON ROUGE, LA 70874-4403

WHITNEY BANK
Member FDIC / whitneybank.com

1580
BA 15454
4

11/8/2017

PAY TO THE
ORDER OF

Willing Minds Janitorial Services, LLC

\$ **757.00

Seven Hundred Fifty-Seven and 00/100

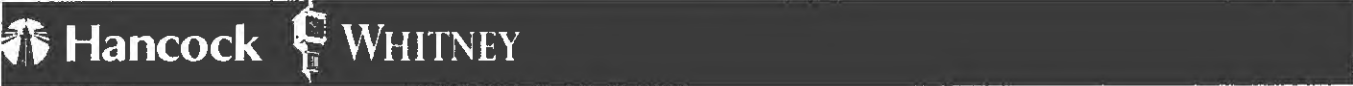
DOLLARS

Willing Minds Janitorial Services, LLC
PO Box 1773
Prairieville, LA 70769

MEMO

Baker J. Thomas
Hancock Whitney

⑈001580⑈ ⑆065400153⑆



Transactions Details

Posting Date	11/09/2017
Transaction Date	11/09/2017
Description	DDA CHECK 0000001580
Transaction Type	Debit
T/C	0077
Amount	\$757.00
Balance	

Front Back



>021407912<
CAPITAL ONE, NA
0023865204 11082017
RICHMOND, VA 106 21
RDC Deposit 2081557678

Deposit only

NOTICE OF AUTOMATIC PAYMENT

PAYCHEX

Paychex of New York LLC
4324 South Sherwood Forest Blvd Suite 125
Baton Rouge LA 70816

Client # 0060 0060-T846
Invoice # 2017102600

AUTOMATIC PAYMENT \$248.78

This amount will be deducted from the following bank account at or after 12:01 A.M on 11/13/17.

XXXX0000

ADDRESS SERVICE REQUESTED

0060 0060-T846
Family Values Resource Institute Inc
Institute Inc
Po Box 74403
Baton Rouge, Louisiana 70874-4403

Electronic Payroll Transaction Fees
\$ 224.40

For questions regarding your account, please call (225) 291-7773

Page 1 of 1

ACCOUNT SUMMARY				AMOUNT
Previous Balance on Invoice#2017092800 Due 10/10/17				234.18
Payment Received - Thank You				-234.18
Balance Forward				0.00
Total New Charges				248.78
Account Balance (Includes Balance Forward, New Charges, and Pending Automatic Payments)				248.78

CHECK DATE	DESCRIPTION OF SERVICE	PROCESSING DATE	# TRANSACTIONS	AMOUNT
NEW CHARGES				
10/13/17	Payroll/Taxpay®	10/11/17	14	130.32
	Direct Deposit		8	20.60
10/30/17	Payroll/Taxpay®	10/26/17	8	66.26
	Direct Deposit		8	20.60
Quarter End/Year End Delivery & Handling				11.00
Total New Charges				248.78
Automatic Payment (Includes New Charges and applicable credits from Balance Forward above)				248.78
Payroll/Taxpay Includes: Payroll Processing, Extra Payroll Reports				

Thank you for choosing Paychex.

0060 0060-T846 Family Values Resource Institute Inc

Invoice Date : 10/26/17

Billing Period: 09/29/17 to 10/26/17

Invoice# 2017102600

Payrolls by Paychex, Inc.
40009

Electronic Payroll Transaction Fees \$224.40

Transactions Details

Posting Date	11/13/2017
Transaction Date	11/13/2017
Description	INVOICE PAYCHEX EIB 111317
Transaction Type	Debit
T/C	0036
Amount	\$248.78
Balance	

Subcontractor Payments



Transactions Details

Posting Date	11/14/2017
Transaction Date	11/14/2017
Description	PAYROLL PAYCHEX INC. 111417
Transaction Type	Debit
T/C	0036
Amount	\$14,400.00
Balance	

Subcontractor Payments

0060 0060-T846 Family Values Resource Institute Inc

Budget

PAYROLL JOURNAL

EMPLOYEE NAME ID	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS				WITHHOLDINGS	DEDUCTIONS	NET PAY ALLOCATIONS
	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS		
**** 300 1099 Crossroads Preg...(IC) 20	1099 Misc Comp				1,200.00	0 • C	Direct Deposit # 454 Check Amt 0.00 Chkg 1232 1,200.00
	EMPLOYEE TOTAL				1,200.00	0 • C	Net Pay 1,200.00
	1099 Misc Comp				2,200.00		Direct Deposit # 455 Check Amt 0.00 Chkg 3581 2,200.00
	EMPLOYEE TOTAL				2,200.00		Net Pay 2,200.00
Pregnancy Probl...(IC) 22	1099 Misc Comp				2,200.00		Direct Deposit # 456 Check Amt 0.00 Chkg 2289 2,200.00
	EMPLOYEE TOTAL				2,200.00		Net Pay 2,200.00
	1099 Misc Comp				2,200.00		Direct Deposit # 457 Check Amt 0.00 Chkg 9749 3,200.00
	EMPLOYEE TOTAL				3,200.00	0 0 5	Net Pay 3,200.00
Womens Help Center (IC) 28	1099 Misc Comp				3,200.00		Direct Deposit # 458 Check Amt 0.00 Chkg 8002 3,200.00
	EMPLOYEE TOTAL				3,200.00		Net Pay 3,200.00
	1099 Misc Comp				3,200.00		Direct Deposit # 459 Check Amt 0.00 Chkg 0051 2,400.00
	EMPLOYEE TOTAL				2,400.00		Net Pay 2,400.00
300 1099 TOTALS 6 Person(s) 6 Transaction(s)	1099 Misc Comp				14,400.00		Check Amt 0.00 Dir Dep 14,400.00
	300 1099 TOTAL				14,400.00		Net Pay 14,400.00
	1099 Misc Comp				14,400.00		Check Amt 0.00 Dir Dep 14,400.00
	COMPANY TOTAL				14,400.00		Net Pay 14,400.00
COMPANY TOTALS 6 Person(s) 6 Transaction(s)	1099 Misc Comp				14,400.00		Check Amt 0.00 Dir Dep 14,400.00
	300 1099 TOTAL				14,400.00		Net Pay 14,400.00
	1099 Misc Comp				14,400.00		Check Amt 0.00 Dir Dep 14,400.00
	COMPANY TOTAL				14,400.00		Net Pay 14,400.00
(IC) = Independent Contractor							

**Louisiana Alliance for Life
(7 Subcontractors)**

(2) Parishes: Jefferson, Lafayette

(4) Regions: 2, 4, 7, & 9

Region Number		Parish	Subcontractor
		Jefferson	1. Women's New Life Center Metairie, Louisiana Allison Millet
2			2. Women's New Life Center Baton Rouge, Louisiana Allison Millet
		Lafayette	3. Women's Center of Lafayette Lafayette, Louisiana Brenda DeSormeaux
2			4. Women's Help Center Baton Rouge, Louisiana Barbara Thomas
2			5. Pregnancy Problem Center Baton Rouge, Louisiana Frances Coleman
4			6. Hope Restored for Life, Inc. Houma, Louisiana Peggy Fabre
7			Volunteers of America Pregnancy Program - Closed <u>Opening in December:</u> Cenla Pregnancy Center Alexandria, Louisiana Brian Gunter
9			7. Life Choices of North Central LA Ruston, Louisiana Kathleen Richard

**State of Louisiana
Department of Children and Family Services
Marketa Garner Walters, Secretary**


Eric Horent, Undersecretary


Sammy Guillory, Deputy Assistant Secretary
Division of Family Support

5-17-17
Date

5/16/17
Date

LOUISIANA ALLIANCE FOR IFE Monthly Report Check List

Subcontractor	Date Received	Client Services	Amount
Crossroads Pregnancy Resource Center Michele Beary 985-446-5004 (o) 985-859-9907 (c)	11/8/17	35	\$1,200.00
Life Choices of North Central Louisiana Kathleen Richard 318-255-7377 (o) 225-237-1760 (c)	11/2/17	245.5	\$2,200.00
Pregnancy Problem Center Frances Coleman 225-924-1400 (o)	10/31/17	180.5	\$2,200.00
Woman's New Life Center – Baton Rouge Allison Millet 225-218-4862 (o) 504-301-7573 (c)	11/3/17	4.5	\$1,200.00
Woman's New Life Center – Metairie Allison Millet 504-469-0212 (o) 504-301-7573 (c)	11/8/17	8	\$1,200.00
Women's Center of Lafayette Michela Camel 337-289-9366 (o)	10/31/17	502	\$3,200.00
Women's Help Center Barbara Thomas 225-359-9001 (o) 225-324-7013 (c)	11/7/17	326.5	\$3,200.00
>>>OCTOBER 2017>>>		TOTAL Dollar Amount >>>>>	\$14,400.00

LOUISIANA

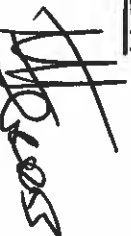
Alliance for Life

Monthly Report Approval

Month: OCTOBER 2017

Subcontractor: Crossroads Pregnancy Resource Center		
	Points	Dollar Amount
Client Service Points / Amount	35	\$1,200.00
Client Service Reports/documentation	YES	
TOTAL Dollar Amount Paid	>>>>	\$1,200.00

APPROVED BY:



Michael Ferris, Administrator



Barbara J. Thomas, Director

LOUISIANA ALLIANCE FOR LIFE
Subcontractor Monthly Services Report

SUBCONTRACTOR NAME:	Grassroots Neighbors Resource Center	PROGRAM NAME:	Building Anger for Life
CONTACT NAME:	Michael Jones	PROGRAM LOCATION:	Shreveport, LA
PHONE NUMBER:	985-416-1004	SERVICES MONTH:	October 2017

Please submit supporting client services documentation which includes relevant LAL Client Services Records, Case Information Forms, and LAL Prenatal/Parenting Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)	TOTAL/ALL ELIGIBLE CLIENTS SERVED
Pregnancy Testing	5
New clients who took a pregnancy test and commit to full-term pregnancy	4
Pregnancy Retest	0
Returning clients who retested and commit to full-term pregnancy	0
Adoption Education counseling or informational sessions	1
Male-Adoption Education	0
Abortion Prevention Education counseling or informational sessions	1
Male-Abortion Prevention Edu.	0
Abstinence Education counseling or informational sessions	4
Male-Abstinence Education	0
Parenting Information counseling or informational sessions	5
Male-Parenting Information	0

REFERRALS (1/2 Point)	TOTAL/ALL ELIGIBLE CLIENTS SERVED	Referral Points	REFERRAL FOLLOWUP (1 POINT) TOTAL CLIENTS
1 Adoption Agency	1	0.5	
2 Adult Education/GED	3	1.5	
3 Employment	3	1.5	
4 Food/Clothing	3	1.5	
5 Housing	1	0.5	
6 Medicaid (NOT certified app. centers)	5	2.5	
7 OB/GYN	5	2.5	
8 PreMarital/Marriage Counseling	0	0	
9 Professional Counseling	2	1	
10 Rape Crisis Center	0	0	
11 Rent/Utilities	0	0	
12 SNAP/FITAP	2	1	
13 STD/HIV Testing	0	0	
14 WIC	4	2	
15 Public Assistance	1	0.5	

OTHER SERVICES (2 points)	TOTAL/ALL ELIGIBLE CLIENTS SERVED	Other Services Points	
Client Parenting/Prenatal Classes (#classes x total # participants)	0	0	
Male Prenatal/Parenting Classes (#classes x total # participants)	0	0	
Follow Up - Pregnancy Decisions	0	0	
Follow Up - Pregnancy Outcomes	0	0	
TOTAL SERVICES	50		0
TOTAL POINTS	20	15	0

TOTAL

50

35

VITAMIN ANGELS INVENTORY
MUST BE COMPLETED MONTHLY

Date	11/8/2017
Beginning Inventory	100
# Clients Served	2
Amount Distributed	4
Amount Remaining	96

Services Reimbursement Total Monthly Points	
1 - 149	\$1,200
150 - 299	\$2,200
300 +	\$3,200

LOUISIANA

Alliance for Life

Monthly Report Approval

Month: OCTOBER 2017

Subcontractor: Life Choices of NC Louisiana		
	Points	Dollar Amount
Client Service Points / Amount	245.5	\$2,200.00
Client Service Reports/documentation	YES	
TOTAL Dollar Amount Paid	>>>>>	\$2,200.00

APPROVED BY:


Michael Ferris, Administrator


Barbara J. Thomas, Director

LOUISIANA ALLIANCE FOR LIFE
Subcontractor Monthly Services Report

SUBCONTRACTOR NAME: Life Choices of North Central Louisiana		PROGRAM NAME: Vitamin Angels	
CONTACT NAME: Raymond Richard, LMSW		REPORTING PERIOD: March 12	
PHONE NUMBER: 940-256-7373		SERVICE MONTH: March DATE: 3/2/2017	
Please submit supporting client services documentation which includes relevant LAL Client Service Records, Case Identification Forms, and LAL Prenatal/Parenthood Education Attendance Forms for all participants.			

ELIGIBLE SERVICES (1 point)	TOTAL LAL ELIGIBLE CLIENTS SERVED
Pregnancy Testing	15
New clients who took a pregnancy test and commit to full-term pregnancy	12
Pregnancy Retest	0
Returning clients who retested and commit to full-term pregnancy	0
Adoption Education counseling or informational sessions	13
Male-Adoption Education	1
Abortion Prevention Education counseling or informational sessions	13
Male-Abortion Prevention Edu.	1
Abstinence Education counseling or informational sessions	11
Male-Abstinence Education	1
Parenting Information counseling or informational sessions	36
Male-Parenting Information	5

REFERRALS (1/2 Point)	TOTAL LAL ELIGIBLE CLIENTS SERVED	Referral Points	REFERRAL FOLLOW UP (1 POINT) TOTAL CLIENTS
1 Adoption Agency		0	
2 Adult Education/GED		0	
3 Employment		0	
4 Food/Clothing		0	
5 Housing		0	
6 Medicaid (NOT certified app. centers)	13	6.5	2
7 OB/GYN	15	7.5	4
8 PreMarital/Marriage Counseling		0	
9 Professional Counseling		0	
10 Rape Crisis Center		0	
11 Rent/Utilities		0	
12 SNAP/FITAP		0	
13 STD/HIV Testing	12	6	2
14 WIC	13	6.5	3
15 Public Assistance		0	

OTHER SERVICES (2 points)	TOTAL LAL ELIGIBLE CLIENTS	Other Services Points	
Client Parenting/Prenatal Classes (#classes x total # participants)	21	42	
Male Prenatal/Parenting Classes (#classes x total # participants)	11	22	
Follow Up - Pregnancy Decisions	13	26	
Follow Up - Pregnancy Outcomes	5	10	
TOTAL SERVICES	211		11
TOTAL POINTS	108	126.5	11
			TOTAL 245.5

VITAMIN ANGELS INVENTORY	
MUST BE COMPLETED MONTHLY	
Date	n/a
Beginning Inventory	
# Clients Served	
Amount Distributed	
Amount Remaining	

Services Reimbursement	
Total Monthly Points	
1 - 149	\$1,200
150 - 299	\$2,200
300 +	\$3,200

LOUISIANA ALLIANCE FOR LIFE
Subcontractor Monthly Services Report

Subcontract Life Choices of North	Services Month: October 2017	Date: 10/31/2017
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PARENTING/PRENATAL CLASSES			
<i>Please attach all corresponding LAL Prenatal/Parenting Education Attendance forms (group & individual) For individual sessions, use the last column to indicate the chart # of the TANF eligible client's participation.</i>			
Date	Topic	Chart # or Total # of	Total # Male
10/3/2017 @ 3:30	Understanding Birth by Beth Foster	2	1
10/10/2017 @ 3:30	Understanding Birth by Beth Foster	3	1
10/17/2017 @ 3:30	Understanding Birth by Beth Foster	1	0
10/24/17 @ 3:30	Newborn Care by Beth Foster	1	0
10/31/17 @ 3:30	Breastfeeding by Beth Foster	1	0
10/3/2017 @ 6:00	Phone and Internet Safety by Clint Williams	2	2
10/10/2017 @ 6:00	Financial Health by Dr. George	4	1
10/17/17 @ 6:00	Car Seat Safety by Louisiana Tech Nursing Students	4	1
10/24/17 @ 6:00	Safe Sleep/Swaddling by Louisiana Nursing Students	3	3
10/31/17 @ 6:00	Shaken Baby by Louisiana Tech Nursing Students	0	2
TOTALS		21	11

Subcontractor Monthly Services Report

Subcontractor:	Life Choices of North Central La	Services Month:	Oct-17	Date:	11/2/2017
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LOUISIANA

Alliance for Life

Monthly Report Approval

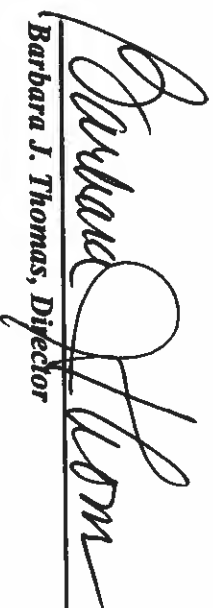
Month: OCTOBER 2017

Subcontractor: Pregnancy Problem Center		
	Points	Dollar Amount
Client Service Points / Amount	180.5	\$2,200.00
Client Service Reports/documentation	YES	
TOTAL Dollar Amount Paid	>>>>>	\$2,200.00

APPROVED BY:



Michael Ferris, Administrator



Barbara J. Thomas, Director

LOUISIANA ALLIANCE FOR LIFE
Subcontractor Monthly Services Report

SUBCONTRACTOR NAME:	Family Life Federation / Pregnancy Resource Center	PROG/SECT NAME:	Eastern Alliance/ LIFE
CONTACT NAME:	Tracie Brown	PROGRAM LOCATION:	East Point
PHONE NUMBER:	225-924-4900	SERVICES MONTH:	Oct 27

Please submit supporting client services documentation which includes relevant LAL Client Services Records, Case Information Forms, and LAL Prenatal/Prenatal Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)	TOTAL LAMP ELIGIBLE CLIENTS SERVED
Pregnancy Testing	11
New clients who took a pregnancy test and commit to full-term pregnancy	8
Pregnancy Retest	
Returning clients who retested and commit to full-term pregnancy	
Adoption Education counseling or informational sessions	11
Male-Adoption Education	3
Abortion Prevention Education counseling or informational sessions	11
Male-Abortion Prevention Edu.	3
Abstinence Education counseling or informational sessions	11
Male-Abstinence Education	3
Parenting Information counseling or informational sessions	10
Male-Parenting Information	3

REFERRALS (1/2 Point)	TOTAL LAMP ELIGIBLE CLIENTS SERVED	Referral Points	REFERRAL FOLLOW-UP (1/2 POINT) TOTAL CLIENTS
1 Adoption Agency		0	
2 Adult Education/GED	3	1.5	1
3 Employment		0	
4 Food/Clothing		0	
5 Housing		0	
6 Medicaid (NOT certified app. centers)	9	4.5	6
7 OB/GYN	9	4.5	7
8 PreMarital/Marriage Counseling		0	
9 Professional Counseling		0	
10 Rape Crisis Center		0	
11 Rent/Utilities		0	
12 SNAP/FITAP		0	
13 STD/HIV Testing	11	5.5	
14 WIC	9	4.5	8
15 Public Assistance		0	
OTHER SERVICES (2 points)	TOTAL LAMP ELIGIBLE CLIENTS SERVED	Other Services Points	
Client Parenting/Prenatal Classes (#classes x total # participants)	15	30	
Male Prenatal/Parenting Classes (#classes x total # participants)	4	8	
Follow Up - Pregnancy Decisions	8	16	
Follow Up - Pregnancy Outcomes	5	10	
TOTAL SERVICES			
TOTAL POINTS	74	84.5	22

TOTAL
0
180.5

VITAMIN ANGELS INVENTORY	
MUST BE COMPLETED MONTHLY	
Date	10/31/2017
Beginning Inventory	96
# Clients Served	10
Amount Distributed	20
Amount Remaining	76

Services Reimbursement	
Total Monthly Points	
1 - 149	\$1,200
150 - 299	\$2,200
300 +	\$3,200

LOUISIANA ALLIANCE FOR LIFE
Subcontractor Monthly Services Report

Subcontractor: Pregnancy Problem Center	Services Month: Oct.2017	Date: 10/31/2017
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PARENTING/PRENATAL CLASSES <i>Please attach all corresponding LAL Prenatal/Parenting Education Attendance forms (group & individual)</i> <i>For individual sessions, use the last column to indicate the chart # of the TANF eligible client's participation. For group sessions, use the last column to enter the total number of individuals who participated in the class.</i>			
Date	Topic	Chart # or Total # of TANF Eligible Participants	Total #/Male Partner/Spouse Participants
10/15/2017	The First Years Last Forever 9 (451)	1	1
10/3/2017	The First Years Last Forever (990)	1	
10/4/2017	The First Years Last Forever (991)	1	
10/9/2017	Nutrition 1.3 (991)	1	
10/15/2017	The First Years Last Forever (992)	1	
10/9/2017	The First Trimester 1.1 (149)	1	
10/18/2017	Windows to the Womb 2.1 (149)	1	1
10/10/2017	The First Years Last Forever (993)	1	
10/16/2017	Nutrition 1.3 (993)	1	
10/23/2017	The First Years Last Forever (994)	1	
1/24/2017	The First Years Last Forever (997)	1	1
10/17/2017	The First Years Last Forever (962)	1	1
10/4/2017	Your Changing Body 2.5 (976)	1	
10/3/2017	Your Developing Baby 1.5(985)	1	
10/16/2017	Hazords 2.3 (985)	1	1
Totals		14	4

LOUISIANA

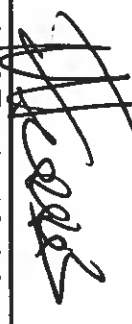
Alliance for Life

Monthly Report Approval

Month: OCTOBER 2017

Subcontractor: Woman's New Life - Baton Rouge		
	Points	Dollar Amount
Client Service Points / Amount	4.5	\$1,200.00
Client Service Reports/documentation	YES	
TOTAL Dollar Amount Paid	>>>>	\$1,200.00

APPROVED BY:


Michael Ferris, Administrator


Barbara J. Thomas, Director

LOUISIANA ALLIANCE FOR LIFE
Subcontractor Monthly Services Report

SUBCONTRACTOR NAME:	Women's Way Life Center	PROGRAM NAME:	BAHAMA ALLIANCE FOR LIFE
CONTACT NAME:	Michelle L. Brown	PROGRAM LOCATION:	Bahia Bona
PHONE NUMBER:	225-443-6470	SUBMISSION DATE:	October 2017

Please submit supporting client services documentation which includes relevant LAL Client Services Reports, Case Information Forms, and LAL Prenatal/Parenting Education Attendance Forms for reimbursement.

EUGIBLE SERVICES (1 point)	TOTAL AMOUNT ELIGIBLE CLIENTS SERVED
Pregnancy Testing	2
New clients who took a pregnancy test and commit to full-term pregnancy	
Pregnancy Retest	
Returning clients who retested and commit to full-term pregnancy	
Adoption Education counseling or informational sessions	
Male-Adoption Education	
Abortion Prevention Education counseling or informational sessions	
Male-Abortion Prevention Edu.	
Abstinence Education counseling or informational sessions	2
Male-Abstinence Education	
Parenting Information counseling or informational sessions	
Male-Parenting Information	

REFERRALS (1/2 Point)	TOTAL AMOUNT ELIGIBLE CLIENTS SERVED	Referral Points	REFERRAL FOLLOW UP (1/2 POINT) TOTAL CLIENTS
1 Adoption Agency		0	
2 Adult Education/GED		0	
3 Employment		0	
4 Food/Clothing		0	
5 Housing		0	
6 Medicaid (NOT certified app. centers)		0	
7 OB/GYN	1	0.5	
8 PreMarital/Marriage Counseling		0	
9 Professional Counseling		0	
10 Rape Crisis Center		0	
11 Rent/Utilities		0	
12 SNAP/FTAP		0	
13 STD/HIV Testing		0	
14 WIC		0	
15 Public Assistance		0	

OTHER SERVICES (2 points)	TOTAL AMOUNT ELIGIBLE CLIENTS SERVED	Other Services Points	
Client Parenting/Prenatal Classes (#classes x total # participants)		0	
Male Prenatal/Parenting Classes (#classes x total # participants)		0	
Follow Up - Pregnancy Decisions		0	
Follow Up - Pregnancy Outcomes		0	
TOTAL SERVICES	5		0
TOTAL POINTS	4	0.5	0

TOTAL
5
4.5

VITAMIN ANGELS INVENTORY	
MUST BE COMPLETED MONTHLY	
Date	
Beginning Inventory	
# Clients Served	
Amount Distributed	
Amount Remaining	

Services Reimbursement	
Total Monthly Points	
1 - 149	\$1,200
150 - 299	\$2,200
300 +	\$3,200

LOUISIANA


Alliance for Life

Monthly Report Approval

Month: OCTOBER 2017

Subcontractor: Woman's New Life - Metairie		
	Points	Dollar Amount
Client Service Points / Amount	8	\$1,200.00
Client Service Reports/documentation	YES	
TOTAL Dollar Amount Paid	>>>>>	\$1,200.00

APPROVED BY:


Michael Ferris, Administrator


Barbara J. Thomas, Director

LOUISIANA ALLIANCE FOR LIFE
Subcontractor Monthly Services Report

SUBCONTRACTOR NAME:	Vitamin Angels Life Center	PROGRAM START DATE:	12/1/16
CONTACT NAME:	Melissa Miller	PROGRAM END DATE:	11/30/17
PHONE NUMBER:	304-498-0112	SERVICE MONTH:	6/17

Please submit supporting client services documentation which includes relevant LAL Client Service Records, Case Information Forms, and LAL Prenatal/Parenting Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)	TOTAL TIME Eligible Clients Served
Pregnancy Testing	1
New clients who took a pregnancy test and commit to full-term pregnancy	1
Pregnancy Retest	
Returning clients who retested and commit to full-term pregnancy	
Adoption Education counseling or informational sessions	
Male-Adoption Education	
Abortion Prevention Education counseling or informational sessions	
Male-Abortion Prevention Edu.	
Abstinence Education counseling or informational sessions	
Male-Abstinence Education	
Parenting Information counseling or informational sessions	1
Male-Parenting Information	

REFERRALS (1/2 Point)	TOTAL TIME Eligible Clients Served	Referral Points	REFERRAL FOLLOW-UP (1/2 POINT) TOTAL CLIENTS
1 Adoption Agency		0	
2 Adult Education/GED		0	
3 Employment		0	
4 Food/Clothing		0	
5 Housing		0	
6 Medicaid (NOT certified app. centers)	1	0.5	1
7 OB/GYN		0	
8 PreMarital/Marriage Counseling		0	
9 Professional Counseling		0	
10 Rape Crisis Center		0	
11 Rent/Utilities		0	
12 SNAP/FITAP		0	
13 STD/HIV Testing		0	
14 WIC	1	0.5	1
15 Public Assistance		0	

OTHER SERVICES (2 points)	TOTAL TIME Eligible Clients Served	Other Services Points	
Client Parenting/Prenatal Classes (#classes x total # participants)		0	
Male Prenatal/Parenting Classes (#classes x total # participants)		0	
Follow Up - Pregnancy Decisions	1	2	
Follow Up - Pregnancy Outcomes		0	
TOTAL SERVICES	6		2
TOTAL POINTS	3	3	2

TOTAL

8

VITAMIN ANGELS INVENTORY
MUST BE COMPLETED MONTHLY

Date	
Beginning Inventory	
# Clients Served	
Amount Distributed	
Amount Remaining	

Services Reimbursement	
Total Monthly Points	
1 - 149	\$1,200
150 - 299	\$2,200
300 +	\$3,200

LOUISIANA

Alliance for Life

Monthly Report Approval

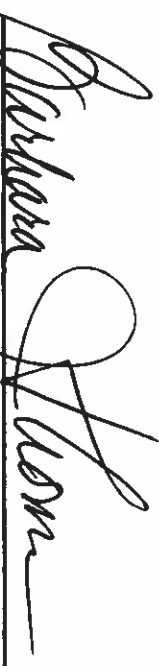
Month: OCTOBER 2017

Subcontractor: Women's Center of Lafayette		
	Points	Dollar Amount
Client Service Points / Amount	502	\$3,200.00
Client Service Reports/documentation	YES	
TOTAL Dollar Amount Paid	>>>>>	\$3,200.00

APPROVED BY:



Michael Ferris, Administrator



Barbara J. Thomas, Director

LOUISIANA ALLIANCE FOR LIFE
Subcontractor Monthly Services Report

Subcontractor Name:	The Women's Center of Lafayette	Program Name:	Louisiana Alliance for Life
Contact Name:	Loretta Papp	Program Location:	1331 Jefferson St Lafayette, LA
Phone Number:	337-289-8366	Services Month:	October 2017
		Date:	10/11/2017

Please submit supporting client services documentation which includes relevant LAL Client Services Records, Case Information Forms, and LAL Prenatal/Parenting Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)	Total LAF Eligible Clients Served
Pregnancy Testing	50
New clients who took a pregnancy test and commit to full-term pregnancy	40
Pregnancy Retest	1
Returning clients who retested and commit to full-term pregnancy	0
Adoption Education counseling or informational sessions	39
Male-Adoption Education	8
Abortion Prevention Education counseling or informational sessions	6
Male-Abortion Prevention Edu.	2
Abstinence Education counseling or informational sessions	43
Male-Abstinence Education	8
Parenting Information counseling or informational sessions	42
Male-Parenting Information	10

REFERRALS (1/2 Point)	Total LAF Eligible Clients Served	Referral Points	REFERRAL FOLLOW UP (1 POINT) TOTAL CLIENTS
1 Adoption Agency	0	0	
2 Adult Education/GED	0	0	
3 Employment	0	0	
4 Food/Clothing	20	10	20
5 Housing	5	2.5	2
6 Medicaid (NOT certified app. centers)	24	12	1
7 OB/GYN	19	9.5	6
8 PreMarital/Marriage Counseling	9	4.5	
9 Professional Counseling	5	2.5	
10 Rape Crisis Center	0	0	
11 Rent/Utilities	0	0	
12 SNAP/FITAP	15	7.5	1
13 STD/HIV Testing	44	22	
14 WIC	34	17	4
15 Public Assistance	1	0.5	1

OTHER SERVICES (2 points)	Total LAF Eligible Clients Served	Other Services Points	
Client Parenting/Prenatal Classes (#classes x total # participants)	6	12	
Male Prenatal/Parenting Classes (#classes x total # participants)	1	2	
Follow Up - Pregnancy Decisions	43	86	
Follow Up - Pregnancy Outcomes	15	30	
TOTAL SERVICES	490		525
TOTAL POINTS	249	218	502

VITAMIN ANGELS INVENTORY	
MUST BE COMPLETED MONTHLY	
Date	
Beginning Inventory	
# Clients Served	
Amount Distributed	
Amount Remaining	

Services Reimbursement	
Total Monthly Points	
1 - 249	\$1,200
150 - 299	\$2,200
300+	\$3,200

LOUISIANA ALLIANCE FOR LIFE

Subcontractor Monthly Services Report

Subcontractor: The Womens Center of Lafayette	Services Month: 1-Oct	Date: 31-Oct-17
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PARENTING/PRENATAL CLASSES

Please attach all corresponding LAI Prenatal/Parenting Education Attendance forms (group & individual). For individual sessions, use the last column to indicate the chart # of the TANF eligible client's participation. For group sessions, use the last column to enter the total number of individuals who participated in the class.

Date	Topic	Charter or Total Not TANF Eligible Participants	Total #Male Partner/Spouse Participants
10/17/2017	Natural Family Planning	6	1
TOTALS			

LOUISIANA

Alliance for Life

Monthly Report Approval

Month: OCTOBER 2017

Subcontractor: Women's Help Center		
	Points	Dollar Amount
Client Service Points / Amount	326.5	\$3,200.00
Client Service Reports/documentation	YES	
TOTAL Dollar Amount Paid	>>>>>	\$3,200.00

APPROVED BY:


Michael Ferris, Administrator


Barbara J. Thomas, Director

LOUISIANA ALLIANCE FOR LIFE
Subcontractor Monthly Services Report

SUBCONTRACTOR NAME:	Women's Help Center	PROGRAM NAME:	Unborn Victims of Life
CONTACT NAME:	Pat Beaman	PROGRAM LOCATION:	HOUSE 1
PHONE NUMBER:	225-339-9001	SERVICE MONTH:	06/27
		DATE:	07/1/2017

Please submit supporting client services documentation which includes relevant LAL Client Services Records, Case Information Forms, and LAL Prenatal/Parenting Education Attendance Forms for reimbursement.

ELIGIBLE SERVICES (1 point)	TOTAL LALF Eligible Clients Served
Pregnancy Testing	28
New clients who took a pregnancy test and commit to full-term pregnancy	27
Pregnancy Retest	
Returning clients who retested and commit to full-term pregnancy	
Adoption Education counseling or informational sessions	28
Male-Adoption Education	3
Abortion Prevention Education counseling or informational sessions	25
Male-Abortion Prevention Edu.	3
Abstinence Education counseling or informational sessions	22
Male-Abstinence Education	3
Parenting Information counseling or informational sessions	22
Male-Parenting Information	3

REFERRALS (1/2 Point)	TOTAL LALF Eligible Clients Served	Referral Points	REFERRAL FOLLOW-UP (1 POINT) TOTAL CLIENTS
1 Adoption Agency		0	1
2 Adult Education/GED	3	1.5	2
3 Employment		0	
4 Food/Clothing	1	0.5	
5 Housing		0	
6 Medicaid (NOT certified app. centers)		0	
7 OB/GYN	22	11	14
8 PreMarital/Marriage Counseling		0	2
9 Professional Counseling		0	
10 Rape Crisis Center		0	
11 Rent/Utilities	1	0.5	
12 SNAP/FITAP		0	
13 STD/HIV Testing	19	9.5	15
14 WIC	17	8.5	15
15 Public Assistance		0	

OTHER SERVICES (2 points)	TOTAL LALF Eligible Clients Served	Other Services Points	
Client Parenting/Prenatal Classes (#classes x total # participants)	25	50	
Male Prenatal/Parenting Classes (#classes x total # participants)		0	
Follow Up - Pregnancy Decisions	11	22	
Follow Up - Pregnancy Outcomes	5	10	
TOTAL SERVICES	268		49
TOTAL POINTS	164	113.5	49
			326.5

VITAMIN ANGELS INVENTORY	
MUST BE COMPLETED MONTHLY	
Date	
Beginning Inventory	
# Clients Served	
Amount Distributed	
Amount Remaining	

Services Reimbursement	
Total Monthly Points	
1 - 149	\$1,200
150 - 299	\$2,200
300 +	\$3,200

LOUISIANA ALLIANCE FOR LIFE
Subcontractor Monthly Services Report

Subcontractor: Women's Help Center	Services Month: 1-Oct	Date: 11/7/2017
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PARENTING/PRENATAL CLASSES <i>Please attach all corresponding LAL Prenatal/Parenting Education Attendance forms (group & individual) For individual sessions, use the last column to indicate the chart # of the TANF eligible client's participation. For group sessions, use the last column to enter the total number of individuals who participated in the class.</i>			
Date	Topic	Chart # or Total # of TANF Eligible Participants	Total # Male Partner/Spouse Participants
10/10/2017	The First Trimester	17-12547	
10/17/2017	Prenatal Care 1.2	17-12547	
10/17/2017	Eating for Two 1.3	17-12547	
10/25/2017	Second Trimester	17-12556	
10/25/2017	Second Trimester	17-12557	
10/24/2017	The First Trimester	17-12553	
10/2/2017	Labor 11.1	17-11242	
10/2/2017	Labor 11.2	17-11242	
10/2/2017	Labor 11.3	17-11242	
10/9/2017	Labor 11.3	17-11242	
10/9/2017	Your Healthy Baby 9.2	17-11242	
10/9/2017	Breast Feeding 10.1	17-11242	
10/9/2017	Post Partum: From Pregnancy to Parent	17-11242	
10/10/2017	Labor 11.1	17-12483	
10/10/2017	Labor 11.2	17-12483	
10/10/2017	Labor 11.3	17-12483	
TOTALS			

LOUISIANA ALLIANCE FOR LIFE
Subcontractor Monthly Services Report

Subcontractor: Women's Help Center	Services Month: 1-Oct	Date: 11/7/2017
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PARENTING/PRENATAL CLASSES <i>Please attach all corresponding LAL Prenatal/Parenting Education Attendance forms (group & individual). For individual sessions, use the last column to indicate the chart # of the TANF eligible client's participation. For group sessions, use the last column to enter the total number of individuals who participated in the class.</i>			
Date	Topic	Chart # or Total for TANF Eligible Participants	Total # of Male Partner/Spouse Participants
10/11/2017	Your Healthy Baby 9.2	17-12483	
10/11/2017	Breast Feeding 10.1	17-12483	
10/18/2017	Post Partum: From Pregnancy to Parent 9.1	17-124583	
10/11/2017	Third Trimester 4.1	17-12460	
10/18/2017	Labor 11.1	17-12460	
10/18/2017	Labor 11.2	17-12460	
10/18/2017	Labor 11.3	17-12460	
10/25/2017	Your Healthy Baby 9.2	17-12460	
10/25/2017	Breast Feeding Your Baby 10.1	17-12460	
TOTALS			